DOCUMENT RESUME

ED 224 273 EC 150 662

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|---|---|
| AUTHOR | Deno, Evelyn N. |
| TITLE | Educating Children with Emotional, Learning, and Behavior Problems. |
| INSTITUTION | Minnesota Univ., Minneapolis. Leadership Training Inst./Special Education. |
| SPONS AGENCY | Bureau of Occupational and Adult Education (DHEW/OE), Washington, D.C. |
| PUB DATE | 78 |
| GRANT | OEG-0-9-336005-2452 |
| NOTE | 211p.; The document was supported by a grant from the Exceptional Child Program. |
| AVAILABLE FROM | Minnesota University, National Support Systems Project, 249 Fraser Hall, 106 Pleasant St., S.E., Minneapolis, MN 55455 ($4.00). |
| PUB TYPE | Guides - Non-Classroom Use (055) |
| EDRS PRICE | MF01/PC09 Plus Postage. |
| DESCRIPTORS | Basic Skills; Behavior Change; Behavior Modification; *Behavior Problems; *Emotional Disturbances; *Learning Disabilities; *Mainstreaming; Parent Participation; Staff Development; *Teaching Methods; Teaching Skills; Tutoring |

ABSTRACT

Intended primarily for regular education teachers, the book discusses the education of mainstreamed children with emotional, learning, and behavior problems. The first section addresses some of the critical issues that have to be taken into account in designing services for such children, including determining goals, defining the population, and defining mainstreaming. The second section deals more specifically with service model and instructional methods which have been found useful with mainstreaming, focusing on such aspects as behavior modification, basic skills, and evaluation of methods. Conditions and characteristics found conducive for succesful mainstreaming include state education agency sanction, placement alternatives, flexible organization, administrative sanction, professional sanction, support systems, pupil progress and program monitoring systems, classification bases, low profile services, teacher assistants, peer and cross age tutoring, parent involvement, staff development, teacher competencies, and time and patience. The appendix describes 12 mainstreaming programs around the country. (DLS)

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# Educating Children with Emotional, Learning, and Behavior Problems

Evelyn N. Deno

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EC 150662

A publication of the Leadership Training Institute/Special Education, University of Minnesota, under a grant from the Exceptional Child Program, Bureau of Adult and Occupational Education, U.S. Office of Education, Department of Health, Education, and Welfare.

The project presented or reported herein was performed pursuant to Grant No. OEG-0-9 — 336005-2452 from the Exceptional Children's Program, Bureau of Adult and Occupational Education, U.S. Office of Education, Department of Health, Education, and Welfare. The points of view expressed in this book are those of the author and do not necessarily reflect the position or policy of the U.S. Office of Education and no official endorsement by the U.S. Office of Education should be inferred.

Minneapolis, Minnesota, 1978

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# Contents


Foreword ..... v
Preface ..... vii
Acknowledgments ..... ix

**Section A. Critical Issues in the Design of Services**

**I.** Focus ..... 1
**II.** What Is Mainstreaming? ..... 5
**III.** Who Are These Children? ..... 17
**IV.** Determination of Goals ..... 45

**Section B. Service Models and Instructional Methods**

**V.** Selection of Methods ..... 75
**VI.** Conditions Conducive to Successful Mainstreaming ..... 99
Appendix ..... 155

# Foreword

Since 1968 several of us in Minnesota have been privileged to operate a technical assistance center relating to federally-funded projects in "mainstreaming" educational programs for handicapped students. First, we worked with Don Davies, William Smith, and Malcolm Davis — all then of the U. S. Office of Education — on a set of projects supported under the Education Professions Development Act. Following a suggestion by Don Davies we called our operation a Leadership Training Institute or "LTI." Later we worked with projects sponsored by several different federal agencies, but always focusing on the training problems associated with attempts to make more inclusive arrangements or reduce isolation for exceptional children in their schooling.

An early emphasis in our work of the LTI was on training special educators for their changing roles; mainly, that meant coming out of special classrooms and working in collaborative support roles with regular teachers. Through the decade since 1968 emphasis has shifted from such retraining of special educators for new roles to the training of regular teachers for expanded roles and for collaborative work with special educators.

From the beginning Evelyn Deno was a key figure in the work in consultation, training, and publication activities of the LTI. In 1973 she edited a volume entitled *Instructional Alternatives for Exceptional Children* which described and analyzed a dozen of the emerging new training programs and models of service involving what might be termed "generic" special educators. Several tens of thousands of copies of that book spread across the country and, I believe, helped to inform the planning and development of new approaches to special education.

Several years ago a project was launched to visit and describe the newly emerging program for various "categories" of handicapped students in the emerging mainstream structures. Jack Birch visited a number of selected programs for hearing impaired students in which "mainstreaming" was being tried in very serious ways — that is, with careful planning and support. Glenda Martin and Mollie Hoben did the same in the area of vision; Gerald Freeman in speech and language; and Jack Birch did one on the educable mentally retarded. The idea was to create a literature on emerging mainstreaming programs, to give visibility to some of the better programs — and thus to influence the expanding dialogue about mainstreaming. The resulting publications are listed on pages 203 and 204.

This second publication written by Evelyn Deno was started in this context; that is, of describing the emerging new mainstream programs. In her case, the emphasis was to be on children who show learning and behavior problems. In fact, the focus broadened — as we should have expected — to a wider spectrum, including not only the areas of learning and behavior problems but also the domain of children labeled educable mentally retarded or "EMR." In this book Deno presents a deeply penetrating treatment of the entire domain of mainstreaming for mildly and moderately handicapped students.

The book has also broadened in another way, for the author has included in summary form a great many of her observations and judgments — collected over decades of work with exceptional children, their parents and schools — about programs for handicapped children and how, indeed, special education can be a developmental setting for generating improvements in education for all children.

It has been a privilege for me to share a sizable part of my professional career as a colleague of Evelyn Deno and I'm proud to have had a small part in presenting this book to the wide readership it deserves.

**Maynard C. Reynolds**
*Professor*
Department of Psychoeducational Studies
*Director*, National Support Systems Project

# Preface

This book is addressed primarily to regular education teachers. It was written to share what I have learned, observed, and concluded over a 20 year period that argues for making more room in the social and educational mainstream for children who are regarded as emotionally disturbed, learning disabled, or socially maladjusted. Initially a regular classroom teacher, I became frustrated with the obvious inadequacy of regular services for such children. That frustration led me to special education because I believed in the role that appropriate education could play to help such children to manage their lives with greater satisfaction to themselves and others.

Included in this book are impressions drawn from my experiences in conducting special education services for emotionally disturbed, learning disabled, and socially maladjusted children at a local district level; participating in the development of service delivery standards at local, state, and federal levels; instructing students in a variety of related professions at the college level; and consulting with the training personnel of federally funded special education projects at the national level. Other impressions were derived from observing practices, interviewing people, and trying to follow the published literature on special education and psychology. In addition, I visited a number of mainstream programs in different school districts especially for the development of this book. The programs visited and the basis of their selection are described in the Appendix.

It is unlikely that those programs are operating in precisely the same way today as when I visited them in 1973. If any one characteristic distinguished them and other promising programs which I observed along the way it was their commitment to constant improvement. Every dynamic program evolves with time, so whether or not the practices I saw still prevail, what I observed then may be of help now to other programs at various stages along the road to their own problem solutions.

The material of this book is presented in two sections. The first four chapters address to some of the critical issues that have to be taken into account in design of services for ED, LD and SM children. Those who consider such material too theoretical, impractical, or already overly discussed for their tastes or purposes may prefer to move immediately to chapters five and six which deal more specifically with service models and instructional methods which people have tried and found useful.

In my own mind I cannot make the theoretical/practical distinction, having found in working with children that, as one person put it, there is nothing as practical as a good theory. This point seems especially pertinent in the case of troubled children if one believes, as this writer does, that techniques or practical methods can only be more or less effective facilitators of the most essential element in their treatment — which is the creative, personal teaching interactions by which these children gain greater psychological strength and more satisfying living skills. Teachers teach what they are, whatever they do, and they are what they believe.

**Evelyn N. Deno**

# Acknowledgments

I could write this book only because so many people were willing to share their hopes, their fumblings, their failures, and, best of all, their successes. There was much success to encourage the hope that we want and have the wisdom to be a humane society. Because so many people have tried so intelligently for so long to develop technology to support that hope, we now can talk not just about what we hope can be done but what we are certain can be done if society is willing to make its actions fit into words.

I am deeply grateful to all the staffs in the local and interdistrict education agencies who facilitated my observations. It would take many pages to name all the people in the programs who helped to make my visits worthwhile and pleasant; here, I must be content with thanking the key schedule arrangers and chief tour guides in each program with the expectation that they will convey my appreciation to others in their programs who were interviewed, observed in action, or who were otherwise helpful.

Richard Dease, Cooperative Association for Special Education, Lombard, Illinois

W. I. Green, Topeka Public Schools, Topeka, Kansas

Bernard Greenberger, Rochester Public Schools, Rochester, New York

Rita Grismer, Minneapolis Independent School District, Minneapolis, Minnesota

Ruth Hays, Livonia Public Schools, Livonia, Michigan

Irene Herk, Roseville Area Schools, Roseville, Minnesota

Louis Messinio, BOCES #2, Brockport, New York

Gwen Post, Tacoma Public Schools, Tacoma, Washington

Margaret Pysch, North Suburban Special Education District, Highland Park, Illinois

Marcie Radius, Castro Valley Unified School District, Castro Valley, California

Thomas Scholl, North Syracuse Central Schools, North Syracuse, New York

Henry Warnken, Mt. Diablo Unified School District, Concord, California

I am also indebted to the following people for their help in identifying exemplary programs that might meet my visitation criteria:

Leslie Brinegar, Associate Superintendent of California Public Instruction, California State Department of Education, State Education Building, 721 Capitol Mall, Sacramento, California 95814

Gerald Carder, Director: Personal and Social Adjustment Programs, Special Education Section, Kansas State Department of Education, 120 E. 10th St., Topeka, Kansas 66612

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Richard Whelan, then Director, Division of Training Programs, Bureau of Education for the Handicapped, U. S. Office of Education, 400 Maryland Ave., Washington D. C. 20002

# Section A

## Critical Issues in the Design of Services

Chapter 1

# Focus

The individual nature of their problems and the present state of the art of dealing with them make it unwise to attempt specific recommendations for adapting regular classroom instruction to the children who are called emotionally disturbed, learning disabled, or socially maladjusted. The same qualification probably can be made also about a high proportion of the children whom it was customary, in the past, to classify as educable mentally retarded. Perhaps certain disabilities such as hearing so impaired that adequate language cannot be acquired from spoken speech, or vision so impaired that regular print cannot be used as a learning medium, clearly indicate limits on the kind of instruction that can be offered to children so disabled; even so, any recommendation for these children also must be carefully qualified because of the individual variations in the other learning characteristics which the children bring along with the particular limitations they share in common. In short, the categories of exceptionality bear only partially on the particular instructional adaptations needed by a particular child at a particular time.

Children classified as emotionally disturbed (ED), learning disabled (LD), or socially maladjusted (SM) in the classroom tend to be defined more by social expectations than by their personal attributes or their actual capacities to function outside the school situation. We cannot assume that children who exhibit the kinds of behavior that result in such classifications will behave the same way under all conditions or at every developmental stage; nor can we assume that their behaviors will be viewed in the same way by all adults or children. We must presume, however, that the classifications are not applied to the children capriciously. If children are labeled ED, LD, or SM, we must presume that it is for the purpose of authorizing educational treatment to change what has been regarded as deviant behavior. Given the amorphous nature of the classifications, however, what is the best starting point for the educational treatment?

The most constructive assumptions on which to base programs to help these children, it is proposed here, are the following:

1. The behaviors which the children manifest represent their at-

tempts to cope with their problems as they perceive them and their individual capacities to deal with the problems.

2. The children persist in using maladaptive or distressing coping strategies because these methods afford some relief of their needs (whatever we may think) or because the children do not know of better ways to deal with their problems.
3. The children are capable of acquiring more effective coping skills if we can only figure out how to help them.
4. If better ways of coping are to become habitual after they are learned, then the new coping strategies will need to pay off in the world in which the children function daily.

An orientation based on these attitudes suggests that learning conditions have contributed to the development of the behaviors displayed by these children and that calculated change in learning conditions can encourage the children to behave differently.

It is reasonable to assume, from the evidence accumulated, that most ED, LD, and SM children are able to function socially at a level that is generally accepted as normal. Only those few seriously handicapped children sometimes referred to as autistic and possibly a small proportion of learning disabled children are likely to have learning problems which have been precipitated by organic conditions that may always limit their functioning to some extent. For example, some evidence suggests that metabolic or other physiological deviations may contribute to the symptom syndrome called autism, and some kind of neurological defect may be involved in some cases of learning disability.

Yet, even when evidence suggesting possible physiological involvement surfaces in medical tests that probe for within-child causes or etiology, the implications of the evidence for educational instruction have not been established. The bridge between medical evidence and the instructional procedures required to ameliorate learning problems has not yet been constructed. So far, most of the instructional methods which have been found to be effective for improving the behaviors of ED, LD, and SM children can be applied without reference to the physiological origin of a learning or behavior problem. Whatever value there may be in knowing the medical etiology of a child's problem, it usually has only meager bearing on the choice of instructional method for the child. Unfortunately, too many educators invest distressing and unjustified amounts of child time and service resources in looking for within-child explanations.

Most of the children generally included in the categories of emotionally disturbed, learning disabled, socially maladjusted, and educable mentally retarded can be taught by thoughtful, systematic

application of basic instructional methods which are appropriate for children regarded as normal learners. The major special consideration needed for ED, LD, and SM children is, in most instances, a difference in the degree of care that must be exercised in selecting and applying the various instructional elements which are generally available under regular classroom instructional conditions or at least ought to be available in every regular classroom.

Their similarity to normal learners in the ways in which their learning can be advanced makes these children prime candidates for mainstream education — when it is suitably adapted to their special learning needs. Education in the regular milieu allows them the opportunity to observe how successful children cope and provides them with a normal range of peer responses to their less adequate coping efforts. Even the best of segregated education cannot provide these apparent advantages.

Some of the bases for the above conclusions and some of their implications for the education of ED, LD, and SM children in regular classrooms are explored in the following chapters. The movement to accept exceptional people as part of society's mainstream is mandated now by the judiciary, many state legislatures, and Congress. Initially, the movement was based on ethical-legal principles rather than hard evidence of merit but it led to development of technology to make the vision real. As with most aspirations, systematic testing of what is valid and feasible comes after we have clarified what we want to do. Dedicated workers are still testing the waters, but the data base for the approach advocated here to the problems and benefits of integrated education for ED, LD, and SM children is developing rapidly.

Chapter II

# What Is Mainstreaming?

In an earlier Leadership Training Institute publication, *Mainstreaming: Educable Retarded Children in Regular Classes*, Birch (1974) described mainstreaming as follows:

> Simply stated, mainstreaming is providing high-quality special education to exceptional children while they remain in regular grades for as much of the day as possible. (1974, p. 2)

Most people who work toward the achievement of better learning opportunities for children with special needs attach a broader meaning to the term "mainstream" or "mainstreaming" than just instruction in regular classes. They understand the concept to mean meeting an individual's needs in settings which are as close to normal as possible for the individual, given his/her characteristics. They may use terms other than mainstreaming to express the concepts they are trying to put into practice but the central theme is the same: service rendered under the least restrictive conditions which are consistent with the best interests of the individual and society.

To most people, educating exceptional children in regular classes is not a new movement. What is new is the current popularity of the term mainstreaming as a substitute for the term integration and the emphasis on the doctrine that exceptional people have a right (not just a privilege) to live and learn under conditions as much as possible like those we provide for people we call normal, until we can document that other conditions are more advantageous. Even the concept of a "normal" stream of life is not new. The Children's Charter issued by the 1950 White House Conference on Child Health and Protection asserted that problem children had the following right:

> For every child who is in conflict with society the right to be dealt with intelligently as society's charge, not society's outcast; with the home, the school, the church, the court, and the institution, when needed, shaped to return him whenever possible to the normal stream of life.

In his 1956 presidential address to the annual national conference of The Council for Exceptional Children, Francis Lord expressed most of the ideas we now hear included in the mainstreaming concept. He urged that special education systems be structured to provide maximum, normalizing learning experiences for every handicapped child. At that time, few state special education laws included ED, LD, or SM children in the roster of those considered eligible for special education services, so Lord's comments referred mainly to physically and/or mentally handicapped children.

The Tacoma, Washington, program (described in the Appendix) has been programing children with special needs under the principle of "progressive inclusion" for over 15 years (Bertness, 1976). Vision handicapped children have received part or all of their education in regular classes in the Minneapolis and other school systems since the early 1900s. Some school systems have stressed what they describe as maximum integration in the regular educational program of certain kinds of handicapped children, most notably the visually impaired, while clinging to the belief that other categories of exceptionality are better served in segregated special classes.

Nirje (1969) suggested the term "normalization" to describe the process which is assumed to occur when mentally retarded children are moved from segregated service into learning opportunities approximating a more normal range. Placement of children in the least restrictive alternative (mainstreaming) is an application of the normalization principle in the delivery of special services.

All of the programs observed for this book were committed to maximum feasible inclusion of all varieties of handicapped children in regular educational programs. Staff development and service-system restructuring efforts were designed to extend the limits of what is considered to be feasible and effective in the inclusion of children in typical childhood environments.

## Why Mainstream?

Advocacy of the concept of mainstreaming flows from two lines of reasoning: one ethical-legal and the other technical.

### *The Ethical Argument*

According to the ethical argument, our interactions with other people should enrich and not diminish their lives. It follows, then, that we ought not to reject or isolate people simply because it is difficult or inconvenient to include them in the systems we provide

for satisfyng the needs and desires of most people. Legally, exceptional people have the same basic right to freedom of choice in life style and behavior as nonexceptional people.

> Human and constitutional rights are not divisible and may not be legally parceled out according to the mental, emotional or physical attributes of a person. (Turnbull, 1975, p. 427)

Each person is, in fact, exceptional in his or her own way. Who, then, has the right to say that one person is so exceptional that he or she does not have the same right of self-determination as others?

> The unequal person is entitled to equal treatment under the law. (Turnbull, 1975, p. 427)

A number of writers have pointed out that once we develop systems to segregate or isolate people who present social accommodation problems, we open the door to a treacherous legitimation of excluding people whose behavior makes us uncomfortable. Persons who infringe unjustifiably on the rights of others may need to be punished or restrained by a society to keep it functioning smoothly, but, this line of argument runs, the society that does this must be clear and honest about what it is doing and why, or it may damage itself seriously, perhaps irreparably, in the long run. If the reason given for separating the "different" person from the social mainstream is his/her welfare, then the danger is ever present that whoever holds the power to exclude will end up defining everyone not in conformity with his, or the majority's standards as "queer" and requiring segregation "for his or her own good." Szasz (1970) is an articulate and provocative spokesman on this point. Educators should have no difficulty in seeing the parallel between Szasz's challenging comments on the exclusion of troublesome adults from community life, ostensibly for treatment purposes, and the exclusion of troublesome children from school settings, ostensibly for their own good.

A central message in this line of argument is that it may be better not to open a Pandora's box of problems by assuming that either political power or the power of knowledge justify the abrogation of an individual's right to determine whether and how he/she will be treated, or the limitation of a child's educational opportunity without his/her consent. The question of who should make the decision when a person is not capable of deciding for himself/herself is as central to the current stress on due process in educational decisions as it is in such dramatic right-to-live-or-die questions as those raised by the Karen Quinlan and Gary Gilmore cases.

As a society's capacity to provide what its members consider the good life increases, the problem of how to make this good life available to more members of the society increases also. Both material resources and wisdom are required to assure everyone equal opportunity. When all the geographic frontiers of a country have been penetrated, there are no further unpopulated areas or more acceptable social systems to which the discontented can flee to achieve a life style more to their liking. Attention is then drawn vividly to the issue of who will have access to the nation's resources.

We live in a society committed to a principle of equal opportunity for all citizens. None should be diminished so that others can be fattened. Although we have not figured out how to realize the goal and may never be able to attain it, every service decision must honor the principle of equality in practice as best it can or we have lost the dream before we start to pursue it.

This is where we are today in trying to assess how to maximize growth and learning opportunities for all of our children, including those often referred to as emotionally disturbed, socially maladjusted, or learning disabled. These children are prime precipitators of the ethical dilemma described because their failure to learn and behave as expected distresses everyone, including the children themselves. They are intelligent enough to know that they are failing themselves as well as the adults whose approval they need and seek.

The easiest solution might be to exclude these children when their learning needs call for more careful, intensive management than school systems feel able to provide. But society cannot accept exclusion from school as a solution, first because it nullifies the children's right to equal educational opportunity, and second because the schools, in addition to the home, are still our society's major instrument for socializing its young. Exclusion solves neither a disturbing child's nor society's problem. It only relieves the pain of the school. Exclusion does not deal with the fact that the child's problem reflects not so much a defect in the child as a defective social solution.

*The Technological Argument*

The other line of support for maximum feasible participation of children with special learning needs in the mainstream of living is the accumulated evidence of the relative effectiveness of certain treatment approaches and the hazards of others. (These are discussed in some detail throughout this book.) It is important to note in this discussion of why mainstreaming is justified that the available

evidence not only establishes the effectiveness of certain instructional methods for children with learning and behavior problems but also provides some clues on the question of who is qualified to teach or treat children. The two are unavoidably interrelated.

For many years, educators have behaved as though they could not be held accountable for the methods they used because comparative studies so often failed to show one method significantly superior to another. That era may be passing as evidence mounts that some methods, when properly applied, can be used effectively with many ED, LD, and SM children, even though we may not yet know how to help all of them.

With development and spread of mental health services across the country, many workers observed that after placement in mental hospitals or other segregated treatment facilities, emotionally disturbed adults and children often exhibited even more unusual behavior. A number of factors may operate to produce this deteriorating effect. (a) Placement in a world peopled only by the socially rejected may cause serious devaluation of the self ("I must really be very sick and unwanted if they think I'm as queer as all of these other odd people"). (b) Segregated people may adopt the more deviant behavior in order to survive psychologically in the unreal world in which we have placed them. (c) People tend to behave much as we expect, not because they are naturally obliging or conforming but because we encourage the emergence of particular behaviors by our expectations and responses. Segregated people may behave poorly in response to staff expectations.

There are hidden messages in much of what we do that often speak more loudly to a child than what we say. Chains of self-fulfilling prophecy can be forged when we presume that because a child bears a particular handicap label, he/she is limited by the disabilities we believe the label represents. Consequently, if we reinforce or too readily accept the behaviors which meet our expectations and punish or fail to reward those which don't, we may be well on the way to producing what we expected. Whatever the methodological limitations of their studies may be, Rosenthal and Jacobson have called useful attention to the potentially sinister forces operating within classrooms and communities (Rosenthal, 1973; Rosenthal & Jacobson, 1968).

A more recent study by Foster, Ysseldyke, and Reese (1975), reported under the thought-provoking title, "I Wouldn't Have Seen It If I Hadn't Believed It," confirmed that teachers' expectations conditioned their perceptions of the significance of child behavior. Mercer (1972) also substantiated the influence of social factors on

how children are viewed as have Kelly, Bullock and Dykes (1977) and Smith (1975). In a prospective longitudinal study described in a later section of this book, Rubin and Balow (1977) found startling evidence of the frequency with which teachers see children as school problems.

Segregated treatment seems to generate many difficulties. Maladjusted persons who improve during segregation often find it difficult to return to their customary environment. Influential agents in the community may resist a person's return if they are basically pessimistic about whether it is possible to improve behavior, or if they believe that the community cannot cope with the kinds of problems which were precipitated by the past behavior of the returning person. Having gotten the problem out of the way, they find no joy in seeing it return. Even when they are assured that the returning person is now able to behave more acceptably, they continue to see him/her as "a deviant one of those."

Another kind of problem sometimes emerges under segregated treatment. Improved behavior for some segregated persons with serious adjustment problems means only that they are able to deal more adequately with the limited demands of conditions in a special setting, but the setting has not prepared them for the less considerate and more unpredictable demands of the open, ordinary world of free choice. Mental hospitals and segregated specialized programs sometimes find themselves acting as unwilling hosts to persons who have come to prefer segregated lives to the unpredictable risks of the reality out there.

In the case of handicapped children, parents' fears of a child's return to the mainstream which may have failed him/her earlier often contribute to the continued unnecessary segregation of children. Experience indicates that teachers also can be overprotective and that they may deliberately or inadvertently support parental anxieties and children's feelings of incompetence.

One way of avoiding the problems of returning is not to leave. Treatment, *in situ*, that is, in the context of the persons' usual community, is preferable for most distressed people because many of the difficulties noted earlier are avoided. Mainstreaming is a mode of *in situ* treatment. Treated in his familiar community environment, the troubled person may feel less odd, less incompetent, and less rejected. Further, treatment *in situ* can encourage significant others in the troubled person's environment, who may have been partners in the person's problem, to improve along with him and become partners in the problem's solution. The combination of new treatment approaches (e.g., drug therapy, environmental manipulation, and

community based support services) have contributed to a striking reduction in mental hospital populations and, as a corollary, in the number of mental hospitals needed. We need to insure that proper support exists for those trying to survive in mainstream environments if we keep them or return them there.

In the past, questions of whether schools should be in the "treatment business" and whether teachers can serve as therapists without exceeding their professional competence were asked more frequently in relation to service for emotionally disturbed children than for any other handicapped children. The questions are raised less frequently now. Why?

The questions arose mainly out of the fact that the word "treatment" had come to connote medical intervention rather than the more general definition of the handling or management of a person, substance, or process. Throughout the last two decades of rapid expansion in mental health programs, evidence has been mounting in favor of well directed reeducation to improve the behavior and social adjustment of children. This educational model (as opposed to the "medical" model) approach has brought educators into the mainstream of society's treatment systems and is reflected in thinking on how ED, LD, and SM children are best rehabilitated.

Hobb's (1966) report of Project Re-Ed findings was an early harbinger of new roles for educational personnel in the treatment of disturbed and disturbing children. Segregated, publicly supported, state operated hospitals are rarely resorted to these days for the treatment of disturbed children. They have been replaced by community residential treatment centers, foster homes, or other more homelike placement options in which the children attend regular schools and receive there whatever special services they need over and above regular class instruction.

When hospitalization occurs it is usually for diagnostic purposes or to ready the child for less restrictive forms of treatment. It is likely to be short term and within a community facility rather than in a state operated institution. The importance that educators and child psychiatrists attach to continuation of a child's education is evidenced by the fact that special education teachers are often supplied to hospitals by the public school system. These teachers act as full-fledged members of the hospital's diagnostic and treatment team. Strenuous effort is made to avoid interrupting the child's education program and to include educational diagnosis and program recommendations in the hospital's treatment planning. Reeducation is usually the main focus of the rehabilitation plan.

Segregated education is viewed as an extreme measure which is likely to be required by only a small minority of troubled children. It is most often used for short transition periods while a child learns to adjust to new circumstances, or to bring home to a delinquent child the realization that some behaviors are unacceptable to society at large, not just to particular offended individuals.

All of the exemplary programs observed for this book had worked out systematic procedures to integrate the activities of the school and outside treatment systems. A Roseville Minnesota special project represented a strenuous and effective effort to maintain mainstream reeducational opportunities for the very seriously disturbed elementary age children with behavior control problems. These children were or had been undergoing treatment in residential living centers or intensive psychiatric treatment while living at home.

## Can Regular Teachers "Treat"?

The question of who is qualified to undertake what helping interventions, like the question of who should be allowed to limit a person's freedom to behave as he/she wishes, is fraught with service management implications and ethical considerations. It is by no means a simple question and it cannot be answered simply.

The more people-proof and administratively simple that teaching or other treatment methods can be made, the more feasible it is for those methods to be applied by less specialized or less highly trained people. An impressive number of techniques have been developed for use by regular classroom teachers, parents, paraprofessionals, and child peers. Evidence has emerged which weakens the assumption that more specialized training necessarily produces better results. However, tricky questions remain as to *when* it is appropriate to use a particular, easily applied approach, and answering the questions of *which* method should be used may take a high degree of skill.

The question of who is qualified to "do treatment" relates to what competencies various specialists are expected to contribute to improvement of a child's behavior that educational generalists or lay people cannot supply. Later chapters relate the question to mainstream education for children with special needs, but suffice to note here that treatment effectiveness is conditioned not only by the special knowledge of the treatment agent but by whether or not the person being treated is convinced that the agent understands his/her problem and can help with it. The self-help groups which have become so popular countrywide (e.g., Alcoholics Anonymous, Weight

Watchers) seem to owe their present popularity to three beliefs: (a) someone who has had the same problem is more likely to understand it than a well-trained professional who has not had the problem; (b) someone who has had the problem and overcome it is convincing evidence that solution is possible; and (c) people can help each other. We all lose something vital to ourselves when we turn all human problems over to impersonal helping systems.

Not all human problems need intervention by specialists for their resolution. The spirit works toward achieving a healthy state of being just as the physical system seeks to cure or compensate for most of its malfunctioning. Given an environment containing the ingredients which the interacting spirit and body requires to achieve "health," the state of being "cured" often occurs without special treatment. Indeed, therapists are often hard pressed to prove that their methods improve on nature in the case of many disturbed persons or that socioeconomic status is not a more overriding factor in outcomes than either physical deviations or the treatment methods used in all but the most extreme malaise. This comment is not intended as a denigration of the contributions of well tested expertise to problem amelioration but as a warning coupled with reassurance that while "quick fixes" are not likely in the treatment of serious learning and behavior problems, improvement is possible in the long run if we supply good growth and learning conditions because nature works toward healthy functioning.

Children's persistent emotional problems are prime examples of malfunctions that are not amenable to quick cures. Few quick and convenient corrections exist for long-standing problems. The child must learn better ways of functioning over time just as he/she learned the poor ways over time. Education is basically a long-term development or growth-promotion process, in contrast to the more short-term crisis intervention orientation of most medical practice. Thus, medically and educationally oriented delivery systems often strive toward or emphasize different intermediate goals as they work toward the shared broad objectives of a healthy satisfying life.

*Emotional Problems Are Normal*

All children and adults are likely to experience some emotional problems to some degree at some time. When the problems are expressed in behaviors which teachers consider maladaptive and limiting for future development, the teachers are quite likely to view the children exhibiting such behaviors as emotionally disturbed, learning disabled, or socially maladjusted. The extent to which we are distressed by children's behaviors or learning failures is a prime

factor in whether or not we label the children and by what labels. A most distressing finding is how many children teachers consider to be problems before school careers are completed (Rubin & Balow, 1977; in press). An important implication of that finding is that something needs to be done about that fact.

Most children with problems do not need qualitatively different teaching approaches. They need learning management conditions that permit a teacher to apply in a more controlled way the same kinds of instructional skills that the teacher should be using with all children. We know more about the factors that influence learning than we put into practice in our classrooms. However, we still do not know enough to be able to predict the effects of instructional treatments as precisely as doctors are able to predict the effects of *certain* treatments on *some* diseases. Intellectually honest doctors freely admit that there are many diseases which they do not know how to cure, that is, how to eradicate the cause; all they can do is try to relieve distressing symptoms and promote self-healing. Given the state of current medical knowledge, such measures are considered to be case management.

Educators should be similarly forthright in admitting that given an environment with reasonably good learning opportunities, most children seem able to learn. Although we may not always be able to identify precisely why children learn, we do know how to facilitate acquisition of many kinds of skills for most of them.

A basic tenet in any kind of intervention in the lives of people is "First, do no harm." We have ample evidence that children are harmed when the treatment applied to them includes unnecessary labeling and segregation. At the same time, evidence is accumulating that children benefit from and are to some extent protected by treatments offered in settings as nearly normal as we can provide. Thus, education within the social mainstream is the preferred approach for most children, including most children who are classified as ED, LD, and SM. Regular teachers can "treat" in ways that enhance children's effectiveness in dealing with the world if the teachers are effective teachers and their working situations allow them to use their skills maximally.

## To Each Learner According to His Need

Learning is a highly personal experience. A central thesis of this book is that we must do all we can to provide properly individualized instruction for all children in the mainstream. Thus whatever differences may exist, the service needs of ED, LD, and SM children can

be provided within the framework of the mainstream, if the learning management provided there is made suitable. It will take much undoing to reshape a system which is organized to provide group instruction for categories of children (age and ability categories as well as handicap) into a system in which an *N* of 1 is the basic instructional class. Because the factors contributing to the perpetuation of old approaches are complicated and rigidified by their long history, change may not come easily. It is appropriate, therefore, to examine some of the factors and practices that impede progress toward more appropriate individualized service.

The mainstreaming philosophy does not presume that every child with special needs should be taught by a regular teacher in a regular classroom. It assumes that judgments ought to be made about what is best for other children as well as the particular troubled child. However, it does assume that under suitably structured conditions, most ED, LD, and SM children can be educated more beneficially in normal childhood settings than in segregated ones. Regular classes are still the normal mainstream setting in most school systems.

Individualized instruction does not mean that every child should be taught on a one-to-one basis. It assumes, rather, that each child's progress must be monitored continuously to insure that we have included in the learning environment whatever elements or clues are needed to reach the learning goals set for each child. The necessary elements may be made available through either group or individual instruction conditions. One of our greatest problems in providing an optimal learning environment is that we do not know precisely what clues different children use to arrive at the responses we hope they will learn. In the last analysis, then, it is the child himself who personalizes his own instruction. The teacher can only try to facilitate the action.

Chapter III

# Who Are These Children?

What a teacher is expected to do about ED, LD, and SM children is heavily if not totally conditioned by how a society chooses to deal with its survival problems. Teaching these children effectively is not just a matter of applying particular instructional techniques.

Although the goal of a public program may be stated to be the effective fulfillment of individual life support needs, it is seldom if ever possible to move program enabling legislation through the political processes necessary to define a need as a public problem until it can be documented that the kind of need involved is shared by more than one person. For this reason, people perceiving a common need combine forces to achieve the impact necessary to persuade the public and key decision makers that a broad class of need exists. A critical question in trying to muster public support is when a problem should be considered a public problem, not a private problem. One of the major criteria commonly applied in trying to arrive at an answer to the question is the number of people who share the need.

A concern we hear expressed very frequently these days is that out of our well meaning efforts to respond to less frequently occurring needs, in order to prevent majority tyranny over the minority, we may have been led to overrespond to too many narrow special interests. The result, some people say, is too fractionated, too scattered, too limited, too unworkable, and even unfair problem solutions. Efforts to equalize opportunity lead to new inequities.

As the number of problems which are considered to be public concerns proliferate, advocate organizations and bureaucracies to deal with them proliferate apace. Special interest groups organized to encourage political actions on behalf of limited populations frequently pursue limited goals that result in too narrow programs. Compromises are made to move legislation through political bottlenecks. Such compromises place serious constraints on later sensible program operation. The federal and state governments have not

provided workable means of rationally coordinating categorical programs authorized by the legislative branches but delivered by several agencies through the executive arm. At neither federal nor state levels is there an effective authority to coordinate the human services rendered through health, education, welfare, and corrections bureaucracies.

It is likely that our society's founding fathers did not anticipate how complex our society would become or that executive branch agencies would be administering as much service as now needs to be coordinated. Most of us accept the need for more diverse kinds of service but we have no clear ideas or guidelines for balancing our resources among the competing needs. Undoubtedly, the founding fathers expected succeeding generations to have the wit to resolve problems as they arose in terms of current conditions. Traditional services for ED, LD, and SM children are particularly affected by these problems. These children very often need services of many or all of the human service agencies, but the services provided by these agencies are not adequately articulated in either philosophy or practice to produce the total impact needed for the children to change their behavior.

From our society's beginning, many saw education for all citizens as a broad public need, not so much for individual self-fulfillment as to achieve the ideals of the American Revolution. Progress was slow. Although Jefferson introduced his bill for statewide education in Virginia in 1779, it took almost one hundred years for the ideal to be realized nationwide. We have grown so accustomed to assuming that free, publicly supported education is the right of all children, we may forget that only in relatively recent years has public school responsibility been defined as broadly as now. Criteria of "ability to profit from instruction" and "the greatest good of the greatest number" produced educational decisions that relieved the schools of responsibility for whole classes of children. Essentially, the early schools were highly "elitist" beyond the point of basic skill acquisition which was considered essential for all citizens. The world still had many routes to economic survival for the unlettered at that time. We easily forget that although people may be divided into classes the Constitution states that certain basic rights are indivisible.

## The Right to Education

In the last two decades we have seen the systematic establishment of public policy, through court interpretations and legislative actions, for those classes of children for whom not all public school systems previously had assumed responsibility. Diligent search of

the language of our Constitution reveals no precise statement that every child has the right to an education that meets his or her individual needs. The right flows from the basic commitment to equal rights for all individuals.

Court interpretations have established that the Constitution guarantees freedom of choice, equal opportunity, and protection from the invasion of privacy for all persons. These guarantees form the basis for inferring that if publicly supported educational opportunity is provided for any child it must be made equally available to all. This principle has far-reaching implications for how educational opportunity for all children is to be financed and how it is to be delivered so that it is equal for all, considering dissimilar individual learning needs and aspirations and dissimilar educational resources and value beliefs in different communities.

Inequality of educational opportunity is seldom intentional. Unequal property values among the thousands of school districts across the country have resulted in unequal education opportunities. Educators have no control over where housing and industries are located. Educators have had so little real opportunity to test the kind of teaching which is required to produce "maximum realization of individual potential" — the ultimate goal of education currently — that they are at a loss to estimate how such instruction might be accomplished, what the costs of implementing the concept might be, or how the implementation could be evaluated.

## The Children Involved

One large class of children whose right to equal opportunity has been seriously breached ever since public education was introduced is the group described as the physically and mentally handicapped. After these groups were defined as a public problem in need of special education accommodations, other classes of children — those from low-income homes, migrant families, different cultural backgrounds, and those who are bilingual — were added to the conception of which children have special educational needs. The needs of all of these children cannot be met easily by school practices designed to modify children's differences to meet standardized behavior norms.

Initially, a limited number of physically and mentally handicapped children received special educational services in segregated, state operated institutions. It was assumed that they needed a special "world of the right size" because they could not adjust to normal living or would always be dependent. These state operated

institutions were often administered by departments of health (and later, departments of mental health) or welfare rather than departments of education. Access to the facilities usually was dependent upon medical referral. Medical attitudes about the childrens' ability to learn tended to be pessimistic on the whole, although some physicians (e.g. Dr. Montessori) pioneered greater educational opportunities for handicapped children.

*Differentiation of Needs*

As more resources and new technologies were developed, the broad classes of physical handicap were divided into sensory handicaps (vision and hearing), motor handicaps (e.g. postpolio, cerebral palsy), and certain congenital anomalies and special health problems. Mental handicaps were differentiated into mental retardation and insanity, psychosis, or "disordered emotional states." We passed through an era in which distinction between mental retardation and mental illness was stressed heavily for what were then good and sound reasons. Too much treatment had been applied as though both groups had the same needs, and widespread public confusion about modifiability of conditions deterred improvement of services. Advocate groups fought against serving both the mentally retarded and the mentally ill in the same building — or even in different buildings on the campus of a segregated state facility fearing loss of adequate service distinction and exacerbation of public misunderstanding.

With the development of instrumentation that could determine finer differences within the physical and mental handicap subclasses, the major classes were refined further into deaf and hard of hearing, partially seeing and blind, crippling that affected learning ability and crippling that did not, emotional or mental disturbance as distinguished from generalized mental retardation, and distinction of degree of mental retardation (i.e. educable and trainable) on the grounds of predicted potential for learning to read, write, and compute. Somebody, somewhere along the line, proposed an IQ score of 50 as the minimum level of ability at which children could be taught to read and this score became the cutoff between being educable (i.e. can learn the three R's) and being merely trainable (i.e. can be trained but not "educated").

Breaking up large classes into subgroups is always undertaken in the hope that more appropriate service will result. In medicine, refinement of diagnosis is sought to enable more precise prediction of treatment needs; in education, hope flourishes that grouping together children with similar instructional needs will result in their

achieving better and in easing the instructional task for teachers, even though research suggests that these results seldom follow. It is significant for us that, historically, identification of child differences, not situational differences, has been the primary focus of such classification refinement efforts. We divide children into smaller and smaller instructional groups but the teaching too often remains "shot-gun" and large-group oriented in its approach.

More recently, a strong effort was made to separate out from the traditional roster of disabilities a further subclass called the "learning disabled" — children who fail to learn school skills by the methods which suffice for most children but who seem to be of "normal" intelligence. It was claimed that their learning characteristics were sufficiently different from those of either normal children or children traditionally identified as handicapped to warrant establishment of a separate handicap class. A problem developed in regard to these children because agreement cannot be reached on the precise nature of the peculiar or unique handicap claimed. To date, the tools which have been developed to "prove" the existence of the hypothesized underlying handicap have proved inadequate to make the precise distinctions claimed.

## Definitions Through Testing

The history of development of what came to be called intelligence tests illustrates how the concepts and tools we use to define problems and classify people can shape our thinking and practices, especially if we lose sight of the initial assumptions underlying development of the techniques. Historical accounts indicate that Binet did not set out to develop an "intelligence" test. The Paris schools asked him to find a means of discriminating educational aptitude among pupils that would be more predictive and reliable than the judgments teachers made so that pupils could be grouped more effectively for instructional purposes.

It is pertinent to our discussion here to keep in mind that Binet started by asking teachers the bases of their judgments and then used the performance domains they considered important as the areas to sample by testing. He made no assumption that he was doing anything but taking a limited sample of children's achievement in response to the instruction they had been offered. He hoped that by this method of sampling attainment he could display more objectively and consistently the relative school achievements of different children.

It takes an inferential leap to get from present achievement to prediction of potential for future achievement. One must assume, as Binet's approach immediately suggested and as all later ability tracking systems imply, that a child's past rate of learning can be taken as a valid indicator of what his future rate of learning is likely to be. It requires another inferential leap to assume that if rate of learning appears to be relatively constant over the years the cause is in the individual, not in the curriculum pace or the teaching approach.

Binet recognized that he was sampling a limited range of child performance. His test was not designed to determine the cause of school achievement differences, but simply to provide a better and more consistent way to demonstrate what differences were present and to what degrees they were manifest among Paris school children. Nevertheless, he was also deeply concerned with why differences in achievement existed.

Binet had a personal interest in the problem. His daughter was failing to achieve as expected in the Paris school system. He saw need to develop a reliable means of showing what school achievement differences exist among children as a first step in exploring why children differ in their learning tendencies and how instruction might be altered to improve a child's learning. The complexities involved in developing and testing application of the instrument for the first phase and the widespread interest his approach engendered exhausted so much of Binet's time that he was not able to contribute as much as he had hoped to the second phase — exploring the critical questions of why some children fail under the same conditions in which most children learn, and what teachers can do to improve children's learning. It is important to consider whether tests designed to portray individual differences are aimed at improving a child's underlying capacity to learn (cf., the educational counterpart of medical "cure" of underlying disease) or at the more limited goal of improving acquisition of specific skills. (See Quay, 1973, and Ysseldyke & Salvia, 1974 for a detailed discussion of the educational implications of the difference, and Chapter 5 of this book.)

Binet's idea of sampling the skill achievements of school children at different ages to establish a standard with which individual achievement could be compared had significant influence on the history of education. We still see its effects. Binet's method provided a way of summarizing a child's achievement status in convenient numerical terms which could be correlated with measures of factors thought to determine learning outcomes.

Following introduction of Binet's approach to describing individual differences, development and use of standardized, norm-referenced tests proliferated. In the flush of their early successes, test developers proceeded as though (in the words of a leader of the education testing movement) "everything that exists exists in some amount that can be measured." They assumed that if tests help schools to achieve more efficiently their laudable purposes, then the tests must be socially constructive. Few foresaw the undesirable social consequences that would flow from the too wide, too uncritical use of their instruments or that opinions of the laudability of educational practices might change significantly over time.

Responding to the current controversy surrounding the use of intelligence tests as criteria for educational and other kinds of classification, Cronbach, a leader in the field of educational assessment, has commented that a primary limitation on the early test developers was their innocence. They were not wise or experienced enough to ask such important questions as whether there was danger of too great reliance on these new devices, whose children would gain most by the tests, how the tests might affect social mobility, and whether the tests might contribute to making the schools subservient to special interests (corporations, colleges, etc.). He warned that although social scientists are rigorously trained to realize that they do not know all the answers, they are not always equally disciplined to realize that they do not know all the questions. Because all social questions can hardly be anticipated, nor all uses controlled, the efforts of behavioral scientists are not unfailingly constructive (Cronbach, 1975). People who are affected by procedures have a right to question the validity of the procedures. No "expert" is expert in all things. Regular teachers do not stand alone in this human limitation.

*Some Limitations*

Further general warnings should be raised before we enter into deeper discussion of the problems of classifying children for educational purposes. Reducing descriptions of obviously complex phenomena to numbers can have a restrictive effect on thinking. Numerical expression can make a substance seem simpler and its description more precise than it really is. It is easy to forget that the apparently greater precision and simplification often can be achieved only by ignoring or deliberately ruling out many aspects of the phenomenon under consideration. That is the central thrust of an operational definition — it limits the meaning of a term. A global IQ score is the average of a person's responses to a wide variety of

questions. The same score can be achieved by responding successfully to different sets of questions within the total array of questions. How the final summary figure is achieved may vary significantly from child to child. Thus, much useful information may be lost by plowing the hills into the valleys of the children's performance.

Similar comments can be made about other diagnostic instruments which are used to classify handicapped children. Few of the medical, psychological, or educational tests with which we try to discriminate which children are most appropriately classified as ED, LD, or SM enjoy even the degree of reliability and construct validity that has been established for the most reputable "intelligence" tests. Nevertheless, instruments for the assessment of learning disability have proliferated wildly. They have been touted loudly and their market greatly expanded by modern advertising methods without proper research based findings on their usefulness and limitations in child benefit terms. The consequences of the misuse of intelligence test data should alert us to the need for caution, but pressure to "do *something*" makes for short memory. We see history repeating itself in current efforts to reduce the definition of learning disability to a numerical formula to satisfy the funding requirements of PL 94-142, the federal Education for All Handicapped Children Act.

Regular teachers should be aware that as we consider how children can be classified better for instructional purposes, we tend to see in child behavior what we expect to see. When child characteristics expressed in descriptive labels and test scores have operational consequences, our minds are preset to expect certain behaviors because of the associations we have built up around the classifications. Indeed, if we can't predict from classifications why classify? If we are not extremely careful and constantly vigilant about remembering the assumptions that underlie the service classification schema in use, we can be tripped into an unjustified reification of constructs and be guilty of providing conditions for self-fulfilling prophecy to take place.

Definitions of the classifications of mental retardation, ED, LD, and SM, which rely mainly on functional behavior as criteria for defining the class, provide excellent examples of how constructs can become reified and definitions become tautological in their application. Schools have relied heavily on IQ test scores as criteria for determining whether mental retardation can be said to exist.

We have already noted that IQ test scores reflect a sampling of a child's ability to perform a series of school-like tasks — a limited sample of achievement, not a measure of potential. If the child's

responses fall at a level which has been defined by some service related authority as educable or trainable mentally retarded, we may, if we are not careful, turn around and say that he/she has not learned because test scores show he/she is "mentally retarded," i.e. "defective." All we can say with certainty from the test score alone is that the person's achievement level is low on this particular test of achievement. The test does not purport to tell us why the child's achievement is low. We insert speculations about learning potential from the associations we have built up around the score. To say, on the basis of the test score that the child has not achieved well *because* he or she is mentally retarded is tantamount to saying, "He/She has not achieved well on the test because he/she has not achieved well on the test." We have used our test description of the child's test achievement to explain why the current level of achievement exists. In other words, we have reified the construct. We have put it on a pedestal. We have indulged in tautological or circular thinking that can limit seriously how we move to improve the child's instruction.

Over the years, similar expectancy-limiting associations have built up around all child classifications. Descriptions of mental retardation, for example, have tended to emphasize what it is assumed these children cannot do, not what they can do; and the curricula organized for these children have been limited accordingly. The low intelligence tests scores commonly accepted as indications of mental retardation seem to be achieved more frequently by children from socially and economically disadvantaged and bilingual home backgrounds. Teachers expect more learning and behavior problems to appear among such children. In fact, lower socioeconomic class and serious learning problems are overrepresented among the children and youth who are classified as delinquent by the juvenile justice system.

It has been noted, over the years, that the classification of "learning disability" has been applied more frequently to children of the middle and upper classes than to children from lower socioeconomic levels. One practical reason for this apparent bias may be the cost of a neurological examination, if neurological diagnosis contributes to the definition of the presumed condition. We have known for many years that different professions diagnose and classify problems and causes differently (Hanvik, Nelson, Hanson, Anderson, Dressler, & Zarling, 1961). Children whose behavior disturbs the classroom may be classified as emotionally disturbed if their parents or the school system can afford psychiatric evaluation, as neurologically impaired or dyslexic, if they are diagnosed by a neurologist of certain theoreti-

cal persuasion; or as socially maladjusted or incorrigible, if they come from low socioeconomic or culturally different backgrounds and the school system does not emphasize mental health constructs in its formulations of why behavior problems occur.

Studies reported by Mercer (1971), Foster et al. (1975), Kelly et al. (1977), and others confirm that we do indeed see what we expect to see, that teacher expectations for children differ according to how children are labeled and what their socioeconomic background is. Although many criticisms have been made of the Rosenthal and Jacobson (1968) study, their warning against the self-fulfilling prophecies which are evoked by labels remains an appropriate concern for all people who hope that all children will be fairly treated by the schools.

Tracking based on inference of limited educability, drawn from low IQ and achievement test scores was forbidden by court order in the Washington, D.C. schools on the grounds that such tracking represented inherently unequal educational opportunity (*Hobson* v. *Hansen*, 1967). Because of the obvious misclassification and placement of many children into special classes for the retarded, special educators began to warn against using IQ scores to classify children as mentally retarded and routinely to place them in special classes. The limitations of intelligence test scores as primary educational classification criteria and the emergence of research revealing that special class placement does not produce educational advantages for many pupils who are classified as educable mentally retarded led to serious questioning of such practices (Bruininks & Rynders, 1971; Dunn, 1968). Heightened sensitivity to the undesirable consequences that can follow from classification has led to more individualized instruction within the educational mainstream for many children who otherwise might have been classified as EMR (educable mentally retarded) because at some point they performed below norm-referenced expectation. Special education programs for EMR children, which had been conducted as a separate stream within the educational system when the definition emphasized functional limitations, joined the educational mainstream when what the children involved *could* do began to be given more consideration (Birch, 1974).

### *"Emotionally Disturbed" Children*

The history of classification and service for children described as emotionally disturbed shows some significant variations from provisions for mentally retarded children which bear on how they are managed in the mainstream. The differences observed illustrate the

point that the tools developed to describe and classify children for service delivery purposes can readily shape the service instead of testing its value, if practitioners are not continually watchful of the assumptions made when child needs and learning outcomes are estimated by the measures used. Test differences reflect basic differences in what test developers believe or assume about what causes emotional disturbance and the possibilities of behavior change when they develop the test.

Treatment of emotionally disturbed children has been viewed as primarily a responsibility of the medical field under the philosophy that emotional disturbance is an illness and that the deviant behavior presumed to result from it is "sick" behavior. Treatment for such children began in medical hospitals or medical clinics. The field of psychiatry is a relatively recent specialization within the field of medicine, and child psychiatry is an even newer specialty within that stream.

Concern about how to help mentally ill members of a society is not new. All cultures have had their theories and treatments. The traditional practices of some Indian tribes may be as sound as any employed in our supposedly advanced mental health treatment systems today. Other approaches seem unbelievably heartless to us now (DeMouse, 1974).

Dr. Leo Kanner, a pioneer in child psychiatry and the author of one of the first textbooks on the subject, traced the early history of conceptual development in this field. Some of his comments are pertinent to our concerns about child classification and should be noted before we invest more time and resources in trying to refine child classifications through traditional approaches.

Kanner noted that in the 1800s the class of "insane" was researched and treated as though it were a homogeneous category. Workers published studies on the pulse rate, blood pressure, and gastric motility of "the insane." The classification "insane" was assumed to represent a scientifically useful common denominator among the persons studied. Kanner's judgment of these activities is worth quoting.

> We know today that we might as well place outselves on a busy corner of Times Square, pick out all the people who wear red neckties and study (if they let us) their pulse rate, blood pressure or gastric motility. The fallacy, in both instances, lies in the artificial selection of a common denominator, thus disregarding the tremendous multiplicity of discriminating factors. (Kanner, 1948, p. 6)

Kanner's point can be applied to handicapped children. Traditional educational classifications are based on the assumption of homogeneous learning characteristics among the children who are assigned to categories as a consequence of the operational definitions used by doctors or school systems. Theoretical approaches to problem formulation and the treatment employed by clinics or other agencies lead to pressures on the schools to act according to the conceptions of the outside agency serving the same children. This pressure often occurs when emotionally disturbed and/or socially maladjusted children are receiving treatment under mental health or court services programs. The history of thinking in medical and court circles about how emotionally disturbed or socially maladjusted children are best rehabilitated plays a heavy role in present conceptions of what part schools should play in their total treatmen..

The emerging field of child psychiatry appears to have taken a broad perspective on the determinants of children's mental health. Its leaders did not expect to find single causes in children's adjustment problems or to see the remedy effected by one class of specialists. Kanner (1948) quoted Richards as saying long ago that "No one group in society has exclusive claim on the mental health of childhood. It should be the active interest of every constructive force in our social organization that comes in contact with the welfare of children" (p. 26). In fact it was only after Pasteur's findings caught on in the late 1860s that medical practice in all areas focused mainly on person centered origins of illness and treatment (Hayes-Bautista, & Harveston, 1977).

In a 1962 review of the history of work with emotionally disturbed children Kanner reported that "it is impossible to find anywhere a definition of the term 'emotionally disturbed children' which crept into the literature some 30 years ago and has since been used widely, sometimes as a generality with no terminological boundaries whatever and sometimes with reference to certain psychotic and near psychotic conditions" (p. 101). The same appraisal must be made today.

After some early attempts to apply adult psychiatric classifications to child symptoms, the syndromes were found to be inadequate discriminators and predictors of adult outcomes and child psychiatrists moved quickly to focus their attention on the growth and learning conditions that shape child behavior. "Behavior reaction of childhood," was the diagnosis deliberately reported by a child psychiatrist in the late 1950s when his diagnosis was solicited for special education eligibility purposes. The phrase indicated the physician's unwillingness to hamper the child with a disease-connoting label to

make him eligible for special service. He preferred descriptors that implied the problem behavior was a reaction to the child's external conditions, as he believed it to be.

## Where Does It Start?

Dynamic theories of personality development involving concepts of ego development and the unconscious, offered by Freud, Jung, and others, dominated thinking for a long time, and they still contribute to current speculation about causation. However, these concepts reinforced rather than diminished the idea that emotional disturbance, and what appears to be irrational behavior, are responses to internal and external stresses that can be relieved only by the careful manipulation of a wide array of factors. Under such a formulation, attention is directed to the actions that may correct or relieve the precipitants and reinforcers of various problem behaviors, or to achieve more constructive tendencies on the part of the child. From early on, research on delinquency centered on identification of environmental-social factors that might be associated with possible within-person genetic or health-related contributors to criminal behavior (Glueck & Glueck, 1934).

The fields of child development and child psychology have contributed substantially to the search for environmental influences that lead children toward self-defeating and socially disturbing behavior. These specialties emerged in the early 1930s at about the time that child psychiatry was emerging as an area of specialization within psychiatry. Institutes of Child Development (called Institutes of Child Welfare at the time) were established in California, Iowa, and Minnesota with the encouragement of Rockefeller funds. They approached their charge to find out what factors affect children's development by following the models of the natural sciences such as biology, and of agriculture, in their research and in developing applied technology.

The early child development researchers typically entered the problem of trying to find out how development proceeds by observing and describing how the phenomena appeared in their natural environmental context. Workers commonly described these phenomena in terms of their typical order of appearance among children in a particular culture as they grew to adulthood.

To develop and test his theories of cognitive development, Piaget combined this systematized observational approach with the clinical, biographical, case study, interview methods initiated by Freud and his colleagues in their pursuit of dynamic theories of

personality development. Others have used experimental methods to test propositions generated by these methods.

An institution's view of pathogenic location (where one places the ultimate origins of health and illness) governs how it pursues diagnosis and treatment. The work of child development researchers led to the generalization of multiple factor, person-environment, transactional causation rather than single factor causation in the development of nearly all child characteristics. We now speak of this view as an ecological approach. This point of view contrasts sharply with in-person microbiological or etiology-oriented "medical model" classifications which imply that problems stem primarily from within-child pathogenic entities (whether genetic or "disease agent" in origin). Thus, in what some call the medical model, the hearing, vision, or neurological defect which is shared by the children readily becomes the program-organizing factor determining their classification. In a developmental model or what Hayes-Bautista and Harveston (1977) call a "holistic model," the person-environment interaction is the element or process which must govern programing.

Despite their contribution to multiple causative, organismic, environment-sensitive thinking, child development researchers tended to report their observations of child behavior in terms of the chronolgical age at which a developmental skill was attained by most children in a reference group, a tendency that probably contributed futher to overuse of "the norm" as a standard of acceptable attainment. Such norm-referenced descriptions contributed to curriculum design geared to standardized age grade expectancies and probably rigidified the Procrustean bed of educational practices which Kanner complained about as early as 1935. On the er hand, child development findings contributed a healthy resistance to exaggerated claims that a child with a disability was just like any other child and should be treated as such. A developmentalist's retort would be that a child functions organismically, as a whole, in exchange with his environment; a child who is blind or otherwise disabled must function differently from children who are not blind or disabled as well as differently from other blind children. This being so, each child needs different environmental supports — a position highly relevant to our mainstreaming concerns today.

*Limitations – Historical Program Differences*

Differences in the history of programs for ED, LD, and SM children is pertinent to this discussion. Services for ED children have been extremely meager relative to the numbers of such children thought to be in need of special help. The handicap classes

of ED, LD, and SM were seldom included in special education legislation or public school programs before the late 1950s. Children who would meet the usual current definitional criteria of these categories were most often served through regular education and remedial programs or they were classified MR and served through EMR programs because no other option was available. When their behavior became intolerable, they were expelled or excluded from school. Only a few large school systems had special schools for incorrigible children. Children or youth who committed delinquent acts were handled in this same way unless they were assigned to a reform school or other correctional facility for a period of time. LD children sometimes received help through remedial reading programs, and ED and SM children often were referred for treatment to child guidance clinics but remained in regular class unless excluded or "excused" from school attendance on medical (i.e. mental health) grounds.

Environmental manipulations (e.g. foster home placement) have been attempted for these children, with court and social agency help, in the hope that changing the external conditions to which a disturbed or disturbing child responds will improve his behavior. A few school systems established special classes for emotionally disturbed children and some "adjustment classes" were tried. More special classes were started for emotionally disturbed children after this category became a mandatory service category in special education laws passed in the late 1950s and early 1960s.

Early investigators found wide diversity in the characteristics and needs of the children who were placed in these special classes for ED and LD children and the results of such placements were unimpressive (Morse, Cutler, & Fink, 1964). Workers were led quickly to search for better classification schemes and more beneficial procedures for providing educational services that incorporated some of the insights contributed by child development studies, learning theory, and child psychiatry. Crisis intervention approaches were developed for use in the schools; the assumption of these approaches is that ED, LD, and SM students could and should function in regular education classes where special support services are provided to help them survive and improve (Morse, 1976).

The findings of Project Re-Ed were based on the view that treatment for emotionally disturbed children is fundamentally a matter of their reeducation and that withdrawal of a child from the community mainstream for treatment purposes should be temporary or it is likely to be counter-productive. The key providers of service in Project Re-Ed were teacher-counselors, not psychiatrists or tradi-

tional "mental health specialists" (Hobbs, 1966). Other workers developed effective and practical techniques involving the application of learning theory principles to modifying behavior tendencies and speeding up the acquisition of self-help, school, and social interaction skills (e.g., Haring & Phillips, 1972; Hewett, 1968) and similar techniques were taught to parents (Patterson & Gullion, 1968). Thus, more effective methods of helping distressed and distressing children in ordinary child settings have been made available to teachers, parents, and other child-care workers.

The development and spread of techniques which can be used outside of clinics, hospitals, special treatment centers, or segregated educational facilities by people other than those traditionally regarded as mental health specialists stimulated the growth of public school special education programs for ED, LD, and SM children. In these programs, self-contained special classes were not the dominant service mode, unlike the programs for mentally retarded children. However, it would be exceedingly simple minded to assume that the only determinant of whether categorical programs are maintained or definitions become exclusive or inclusive is the recommendation of professional educators; the structure of service systems is heavily influenced by sociopolitical factors.

## Inclusiveness vs. Exclusiveness in Educational Classifications

The reasons for defining terms precisely for educational research purposes are sound and sufficient. Only with precise description of the variables involved can valid comparisons be made of the results of different studies. Greater precision in categorical classification is justified if it leads to better education; if it contributes little to child progress, then the use of resources to try to achieve greater precision must be defended.

Efforts to refine classification may be perpetuated for political or administrative purposes: to narrow definitions in order to limit services to fit available funds, for example. The continuing stress on more precise definition of what constitutes a learning disability and, therefore, on exactly which children are eligible to receive service under that banner, illustrates the issues of this section.

The notion that ED and SM children deserve special educational help preceded in time the claim that a within-child entity such as specific learning disability (LD) could handicap children's school achievement. In the beginning , there was heavy emphasis on neurological defect or brain damage as a possible cause of the learning and

behavior difficulties which the children presented. It was suggested that the characteristics observed might result from the same kind of neurological insult that produced cerebral palsy, but to a less severe degree; hence the label for this class of children shifted from the rather frightening descriptor "brain-damaged" or "brain-injured" to that of "minimally neurologically impaired." The frightening quality of the term may have contributed to the early decline of budding Associations for Brain Injured Children. Had they flourished, we might be talking about BI rather than LD children. The idea of minimal neurological damage could not be sustained in the face of evidence that gross or readily documented neurological damage sometimes left no unusual learning problems in its wake; at the same time, neurological defects could not be firmly documented by available technology in many of the children displaying obvious learning problems. Neurologists found themselves relying heavily on the behavioral signs reported by the schools because their own diagnostic instruments were inadequate discriminators.

Variations in theories about the causes of children's problems led to a rash of class labels that were intended to reflect posited within-child origins: brain-injured, dyslexic, and minimally neurological impaired are examples. A project was initiated in 1963 under the auspices of several HEW agencies and the National Easter Seal Society to try to bring some order into the developing confusion. A task force addressing the definition problems found over 30 different labels and related definitions offered in the literature (National Institute of Neurological Diseases and Blindness, 1966). The situation is little better today. Although the term learning disability has received popular sanction its meanings are as many and imprecise as the earlier terms were.

Unquestionably, parents have been a strong and helpful spur to the political actions required to establish publicly supported service for children with special needs by organizing under the banners of conventional etiology-oriented classifications (deafness, blindness, cerebral palsy, mental retardation, muscular dystrophy, epilepsy, etc.). The thrilling success achieved by concentrating on certain narrow targets (e.g., the development of the vaccine to prevent poliomyelitis) nourishes hope that research will reveal how other disabilities can be treated or ultimately prevented. However, even in the medical field, causes often seem to multiply rather than simplify upon closer examination (e.g. cancer).

In the present state of our knowledge, from the standpoint of educational management, no class of disability, whether physical or mental, can be restricted to a simple, narrow range of child character-

istics without loss of treatment efficiency. Indeed, the learning needs in any traditional handicap class are likely to be as highly diverse within the class as are the differences supposed to distinguish handicapped and nonhandicapped children. Shared disablements seldom reduce diversity of learning-related characteristics; in fact, when a group of children share a developmental aberration, the diversity among them seems to be increased because the children each compensate for whatever aberration they have experienced in their own unique ways. Among no class of children is such diversity of characteristics more evident than among the children classified as ED, LD, and SM.

The presumed cause of a handicap can influence the degree to which children's needs are pressed politically and the extent to which programs for them are publicly supported. Physical handicaps readily evoke sympathy; and the number of children with such handicaps is not overwhelming in terms of the cost of meeting their needs. A teacher can cope with one blind child in his/her class every 5-10 years, or possibly never. There is often less adverse reflection on the families of children with physical handicaps, although epilepsy and the distressing appearance of some cerebral palsied children sometimes evokes fears, rejection, and stereotyped notions of genetic history. Mental retardation has come a long way out of the closet, thanks to evidence that the condition can result from various accidental precipitants and can occur in the best of families, but adverse reactions linger on.

The term emotional disturbance still triggers visions of "evil spirits," "madness," and tainted genes. Dynamic theories of causation and evidence that treatment can often restore victims to adequate functioning levels have not entirely erased the old pessimism about cures or relieved families entirely of guilt and embarrassment, as witness events in the 1972 presidential campaign. Theories that stress the role of parents in the development of emotional disturbance in children do little to ease parental feelings of guilt and shame at having caused this problem in their children. This may be one of the reasons that associations of parents of emotionally disturbed children are more conspicuous by their absence than their political strength in most areas of the country, and that where such associations are found their membership is very small in relation to the number of children who are estimated to be disturbed but unserved.

Without strong, organized parent groups to represent them, emotionally disturbed children have had to depend on the advocacy of professional groups and mental health associations which are con-

cerned about all ages and all kinds of needs, not just children's educational needs. In fact, such groups may give educational needs low priority in their efforts because education is the one helping service system with a clear mandate to serve. Who is responsible for service is clear, they assume.

*Problems of Definition – LD*

Reluctance to tackle the problems of ED and SM children is fed by beliefs about causation in which a strong, moralistic overtone is frequently reflected. Recognizing that ED or SM children are not retarded, the notion lingers that what most of them need is a quick trip to the woodshed, not expensive coddling or long term special educational help. We see this attitude growing in the 1970s out of concern for the increased occurrence of acts which would be defined as criminal behavior if they were committed by adults, in younger and younger children, and the failure of past rehabilitation programs to reduce the occurrence of street crimes (Bazelon, 1976).

Such factors may have helped to bring the category of learning disability into the classification picture in the early 1960s. The idea that children who were of normal intelligence and not emotionally disturbed, hearing or vision impaired, or obviously crippled might have learning problems because of predisposing conditions within themselves was highly appealing to parents and educators who observed the children's plight in the schools. The concept avoided the derogatory, stereotyped connotations which had become attached to many of the other handicaps. It took away the moralistic blame — the-student-not-the-teacher argument that the child "could if he just would," which was heard so often about children whose school difficulties included inattentiveness to teacher direction, hyperactivity in the classroom, and reading failure. It offered assurance that LD children were of normal intelligence, although of subnormal achievement in some areas even though the claim eludes verification (Smith, Coleman, Dokecki, & Davis, 1977).

It is a reflection on the traditional thought patterns in education that, in order to gain for the children called LD the help to which *every* child has a right, handicapped or not, their advocates apparently believed that they must prove or imply the existence of a handicapping gremlin in the children to explain the children's difficulties in meeting school expectations. The choice of the term learning disability to describe the handicap was deliberate and of good intent. Advocates of the term hoped to emphasize that the problem was centered in the learning domain, and that a primary treatment need was more effective teaching. However, this focus is appropri-

ate for all children with school problems and raises political-administrative questions of whether a special problem classification is warranted.

The distinctions attempted in the definition of learning disability now employed in official federal directives and by advocate groups such as the Association for Children with Learning Disability are not sufficiently discriminating to distinguish exactly what kinds of children should be included in categorically-oriented LD programs at the direct service level. As with all handicaps, the determinants of which children will receive special education services in what programs depend as much on the characteristics of the serving school system as on the characteristics of the children labeled LD. Thereby hangs the dilemma of class definition and program eligibility in all handicap categories.

The program observations in this book are consistent with the conclusions reached by a study group convened by the United States Department of Health, Education and Welfare.

> There is little agreement in either medicine or in education on criteria for identifying children with minimal brain dysfunction or learning disability. Because the disabilities presented by these children are extremely heterogeneous, the search for any commonality in symptoms, pathology or etiology have so far been fruitless. [Shades of Kanner's comments on early research on the "insane!"]* General terms such as minimal brain dysfunction and undefined learning disabilities have no consistent meaning and no value as a basis for the development or the application of corrective methods. (Hobbs, 1975, p. 80)

> We see little value in incorporating the term learning disability, as it stands in popular usage, into the lexicon of exceptionality in children. . . . It may well be the loosest of the categories. (Hobbs, 1975, p. 92)

Freeman (1976) paints the picture even more vividly:

> There is only one phrase for the state of the art and practice in the field of minimal brain dysfunction (MBD) hyperactivity (HA) and learning disability (LD) in children: a mess. (p. 5)

The HEW task force concluded that use of the classification or term "learning disability" will be justified only if the handicap it is intended to connote can be defined more precisely in treatment relevant ways. A definition of learning disability by Wepman, which presumes "perceptual" or "perceptual-motor" etiology, was consid-

*Authors insert.

ered promising by this HEW study group (Hobbs, 1975). However, perception also is a complicated function which is not yet fully understood. In actual practice, the function tends to be reduced to whatever is measured by the tests of perceptual functioning employed to display it. How the teacher is to move from such demonstration to instruction remains largely uncharted as is illustrated in subsequent chapters.

At the current state of our knowledge, it is difficult to see how assuming that learning disability is caused by perceptual dysfunction will improve service for the children of concern any more than appropriate education is advanced by assuming that learning disability is caused by brain injury or a disorder in psychological processes, as the present official definitions of LD suggest. Only when the connection between perceptual or perceptual-motor functioning and the acquisition of the skills needed to get along well in life can be established through research, and it can be shown beyond a reasonable doubt that instruction can be made more effective when the precise nature of a child's perceptual abilities is taken into account in instruction, will defining learning disability in terms of a perceptual disorder be educationally advantageous to children, as the HEW report conceded (Hobbs, 1975).

*Defining Emotional Disturbance*

On the classification of emotional disturbance, the HEW report concluded that "there are several systems for classifying emotional disturbances in children and none is entirely satisfactory" (Hobbs, 1975, p. 55). Although here, as with LD, the number of emotionally disturbed children and the kinds of service they need depend on the definition used, the HEW report reflected less concern with need for a more precise definition of ED than with need for greater precision in the learning disability definition. Perhaps the reason is the recognition and acceptance of diversity noted by Kanner and other early workers with emotionally disturbed children. No ED entity is assumed. Users of the term long since have abandoned any lingering hope that a single cause for emotional disturbance would be found among the members of that large and shifting class. This attitude may make them less defensive about their functional behavior orientation in diagnosis and treatment.

Many assessment devices developed to help identify disturbed children have reflected the awareness of test developers that there are both public and private aspects to the problem, that observers can only infer inner emotional states from behavior, and that the tester or observer's own feelings and attitudes may contribute to the

child's test responses as well as the interpretations made of the child's behavior. Screening devices for ED children assume that self reports of internal states are loaded with subjective, existential, and protective elements, and that these factors are worth tapping because they condition the children's behavior. At the same time, public reaction to public behavior defines the class (e.g., see Bakan, 1976, Bower, 1969; Quay, 1968). In the ED area, both diagnostic testing and treatment are oriented more to problem behaviors and what can be done about them than to what an emotional disturbance *is*, precisely. Investigators have been willing to look at emerging evidence on the apparent fruitfulness of various practical approaches to determining need and treatment, and they have modified their approaches to both accordingly (Quay, 1973).

*Approaches to Solutions*

This chapter began as an exploration of how public services are shaped by how we define public problems to demonstrate that the size and character of services for the population we call ED, LD, and SM children is probably even more heavily determined by social expectation than is true of other classes of handicapped children. This is why estimates in these categories range from as little as 3% to 40% or 50% of the school population in different areas of the country, depending on the definitions used. A more important consideration than the size or definition of the ED, LD, or SM classes is the chaotic state of the services which past fractionated approaches have generated. The Hobbs (1975) report describes the source and suggests solution for the chaos.

> Classification and labeling become devices to put the appearance of legitimacy on shunting a child from agency to agency. (p. 180)
>
> Services for children are divided categorically among diverse agencies at all levels of government, health, mental health, mental retardation, rehabilitation, education, social welfare and corrections to name only the major divisions. Local agencies parallel government structures. There is no single agency to which parents can turn for comprehensive help. The public schools tend to focus on educational development of children by categories, for part of the day and part of the year. Physicians, psychologists, social workers, speech therapists, rehabilitation workers, and teachers are trained in different settings and in different traditions. Special educators have traditionally been trained — the pattern is changing now — by specialized categories as teachers of the retarded, the emotionally disturbed, the visually impaired, and so on. Given such rampant categorization, it is perhaps remarkable that exceptional children are as well served as they are.

> A pervasive and powerful source of fragmentation is our categorical conception of the problem in the first place. Organizational confusion at the federal, state, and local levels is partly a consequence of semantic sets generated by practice in classifying children. Definitions lead inexorably to institutional arrangements that confirm the validity of the definitions, so that the validity of a total system made up of discrete parts separately defined can hardly be questioned. Even knowledge is so organized and professional curricula so prescribed. *Only when one looks beyond definitions, beyond categories, beyond labels, and examines the needs of individual children can he break away from the familiar but inadequate solutions manifested in current arrangements for exceptional children.* (pp. 181-182; emphasis added)

What hope do we have of improving our performance? Reviews of the published literature, observations of promising programs, and personal experiences in trying to relieve the consequences described feed the following observations:

*Categorical address will not dissipate quickly.* Although there is considerable agreement about the limitations of traditional categorical approaches to service, there is little hope that other approaches will soon be commonplace. Categorical address is too deeply entrenched in the social commitments of categorically defined, special interest advocacy groups; in the structure of health, education, and welfare programs at direct service levels; in the staffing of teacher education institutions; in other professional training programs; and in general public thinking. It may take a generation or more to achieve the needed basic shifts in how problems are defined and tackled, even when the advantages of alternative approaches can be documented by research and demonstrations of effectiveness.

Sometimes it is special education teachers who press for narrower classifications of children according to the handicap that is presumed to be the primary cause of the teaching difficulties encountered. They ask for stricter classifications because they find that the children assigned to them are more diverse in behavior and instructional needs than was assumed when they undertook training to become specialists in particular disability areas, or when they accepted particular teaching positions. Their complaint is most often expressed in terms of "this is not the kind of child that I was trained to teach," or "I am getting so many whose *real* or *primary* problem is not what I have been prepared to teach to (hearing or vision impaired, retarded, learning disabled, or whatever) that all my time gets taken up with just trying to cope with children who really should be in a program for the emotionally disturbed and socially maladjusted." Similar concerns are sometimes expressed by regular

teachers who are asked to accommodate different kinds of special needs in their classrooms.

Such complaints cast a serious reflection on how teachers were trained in the past; then even teacher educators spoke and behaved as though there were much more homogeneity of need among "normal" children or any of the subclasses of handicapped children than one could reasonably expect to find. Normal learners and handicapped children have common needs; there is more similarity than difference in their adjustment problems and much similarity in how they try to cope with environmental conditions. Overlap in characteristics, not discreteness, is the living reality. The good news is that the too narrow training of the past is being broadened in the best professional training institutions. The bad news is that many narrowly trained categorical specialists are still at work in school systems and training institutions and are likely to remain there, unchallenged by the addition of new thinking, because staffs are being reduced as enrollments decline under "last hired, first fired" personnel policies.

Some states are much farther along than others in placing less emphasis on conventional categories in service patterns as a result of strong state level support (e.g. Illinois, Massachusetts, New Jersey, Texas, and Vermont).

*Evidence builds slowly.* The data thus far accumulated on the possible advantages of other bases for determining needs and organizing services is still fragmentary. What we have available are promising suggestions for alternative procedures in some aspects of service. Many new delivery systems have been sufficiently tested to warrant carefully evaluated trial by training institutions and schools; in fact, many new procedures already are better tested than most conventional educational practices. If workers provide careful evaluation of the various alternatives tried, their findings can result in transition to better practices with the least possible damage to children. But as in all advocacy actions, the burden of proof that change is better rests ultimately on those who urge change. Commitment to evaluation of consequences should be as strong as the commitment to change.

*There is strong evidence that the service-limiting categorical approach is perpetuated by political and administrative considerations.* The professional or technological need to use handicap classifications serves only as a primary basis for instructional decisions.

Evidence of importance of the political considerations in perpetuation of handicap labels and classifications is illustrated by the following incident: A state association for learning disabled children

reported in its newsletter that its request to its national office to drop the term "disability" from the organization's name had received a negative response. The reason given by the national office supports the conclusion drawn here — that categorical address is often sustained more by political than technological considerations of what instructional conditions are required to educate a handicapped child to his/her best advantage. To wit the response from the national office:

> It is deemed inadvisable at this time to consider any name change . . . . There are so many ramifications to changing terminology. The reality of the situation is that we are talking about a disability and unless we continue to call it such, our *political* efforts will be naught. (Minn. ACLD, 1974, p. 2, emphasis added).

We might ask whether the disability alluded to results from a condition residing mainly in the child or from the discrepancy that exists between school expectations and child performance. How can we always be so certain that it is the child who is disabled when his/her achievement is poor? We might ask whether the political activity going on is, in the long run, in the best interests of the children of concern if it encourages inefficient and unnecessarily costly practice. Nevertheless, the organization's categorical, child disability emphasis remains because it is deemed politically advantageous to continue it. My own experience suggests that politicians are educable if the facts are properly presented.

The categorical approach of PL 94-142 seems to be further evidence that politicians and categorically disposed child advocates fear loss of the familiar child disability reference points; they seem to feel that the advantages of alternative approaches to problem description have not been well enough established to maintain accountability. There seems to be a basic lack of confidence in local school system commitment to meeting individual needs. This attitude is implied by the due process and individualized programing requirements spelled out in the law to insure that the political strength of the majority does not run roughshod minority rights, a situation that occurred widely in use of ESEA Title I funds. Experience provides hard but lasting instruction. It will take substantial evidence that quality can be controlled in different ways at the direct service level to tip the scales away from categorical programing.

All of the exemplary local education agency programs I observed de-emphasized labels and handicap classifications in serving ED, LD, and SM children in school programs while maintaining concern

for individuals. Although state education agency regulations sometimes required categorical classification of children in order for the district to qualify for state special education aids, local practitioners felt free (and often were officially free) to serve children without attaching categorical labels to either the children or the service. These programs were compelling evidence that effective instruction of a child as a unique, whole person is possible. Therein lies hope for greater flexibility in instruction, for less exclusion of children from programs because they do not fit narrow population definitions or rigid service entry criteria, and for better tailoring of service to individual child needs. The HEW study (Hobbs, 1975) concluded that "humane sense" must govern the accommodation to diversity of need found within all categorical programs when skilled people work with individual children.

> When a skilled teacher or therapist or child-care worker undertakes to help an individual child, categories and labels (in their familiar and gross forms) recede from the picture. They poorly fit the complex reality of the living child; they provide meager guidance for what to do for him; they are an irrelevant encumbrance in the educational or treatment process. A stigmatizing label may have to be dealt with as one of the child's problems, but it is essentially useless in design of a program for him. (p. 113)

There has been encouraging demonstration that past undesirable consequences of rigid categorical approaches and the unwarranted assumptions of homogeneity of educational need among disability types can be relieved by well-directed, carefully evaluated, accountable, individualized service, despite categorical constraints in laws and regulatory practices.

*Efforts to refine conventional definitions can be a waste of resources.* Functional approaches are more useful. There seems to be little point in trying to refine, for service delivery purposes, present categorical definitions of ED, LD, and SM in terms of pinpointing more precisely what *the* handicap or "primary problem" really is. There is little evidence to support expectation that children's school problems are ever "caused" by a single, within-child attribute. The child brings all of himself to the learning task along with his presumed handicap. That "rest of himself" includes his or her personal response to the available learning conditions, as well as his or her responses to the handicap. The only meaningful and effective instructional unit contains one child only. We have ways of dealing instructionally with children as individual human beings, not as typical representatives of a class.

Evidence is strong for the advantage of what some workers refer to as direct, criterion referenced, or data based instructional approaches; they begin by assessing instructional needs in terms of the child's present skill status using a task analysis approach to assessment and then proceed to direct teaching of the skills. Common sense dictates that if limitation in the child's performance is imposed by sensory or other impairment, this limitation should be taken into account in instruction. But predictions of what the child may accomplish ultimately should be left to evidence of what he or she can accomplish under suitable instructional conditions. This orientation is hopeful; it is not restricted by stereotyped notions of what most children with a particular handicap are unable to do or prediction of what such a child's potential for learning may be, given his/her handicap.

Reorientation of assessment to include individual skill acquisition and self-realization brings with it new conceptions of how education can be designed to fit the individual, rather than the individual fitted to existing programs. Whatever their bases, classifications (definitions) used for any service purpose must clarify the following points:

- What is the purpose of the classification, that is, what action is expected to follow as a result of the definition (e.g. assignment to a treatment facility, incarceration in a correctional institution, assignment to a different educational program, choice of instructional method)?
- What criteria are to be used in making the classification?
- Who is empowered to make the classification so that responsibility is identified and decisions can be limited to persons qualified and authorized to make the judgments involved?

For many years, many children received special education service only upon physician classification and recommendation. Later, psychologists, conceived as ability testers, became key agents in classification. Preferred approaches now place the responsibility for classification for educational service where it belongs: in the hands of the people who must provide the treatment triggered by the classification. This is where some measure of responsibility for diagnosis of need must rest also. This shift calls for significant changes in delegating service responsibility within school systems, formulating problems for needs assessment purposes, defining roles and functions within service delivery systems, and training personnel.

Chapter IV

# Determination of Goals

In teaching, what to do must derive from the reasons for doing. Although goals and methods are separated into different chapters in this book for discussion purpose, they are inseparable in the act of teaching.

The setting of educational goals should start with consideration of what the community expects its schools to contribute to the welfare of its children. Personal and social values underlie every choice in selection of educational goals and methods. Educational decisions being made now will affect people's lives for generations to come.

## Educational Rights of Children

There is almost always conflict between self-oriented values (which include the rights of physical and mental health, self-determination, privacy, property ownership, and as the Constitution puts it, life, liberty and the pursuit of happiness) and community or society-oriented values (responsible citizenship, equality of opportunity, justice and order, peace, human dignity, concern for the environment, personal responsibilities). In this era the schools are caught, more than they were previously, in the dilemma of deciding whether their major obligation is to advance community and society-oriented values or self-oriented values — the self-realization of individuals. Education's value choice problems are heightened at this time because personal values have become a more acceptable justification for individual choice than they used to be. Of course, the schools must serve both sets of values.

The educational rights of all children are a logical starting point for discussion of teaching objectives for those children who may be classified as ED, LD, or SM. Their educational rights are based on the same moral and legal considerations as those of other children. They have no more rights but more important, they have no less (Turnbull, 1975).

Before 1950 we might have been hard pressed to find a firm legal basis for children's rights in any area of life. Many people acted as though they had none (DeMouse, 1975). The 1950 White House Conference Children's Charter was a statement of beliefs, not a legal assurance of rights. Although Horace Mann, the first secretary (1837-48) of Massachusett's newly established state board of education, spoke informally of free education as the birthright of every American child, the common operating assumption of the time was that children belonged to their parents, and that parents had almost unrestricted right to bring up their children, discipline them, and educate them as they saw fit. The idea that children had rights of their own would have seemed absurd to many. Educators were considered to stand *in loco parentis* to children in school. As such, their authority was almost as absolute as that of the parents.

The requirement that children spend most of their developmental period in schools has far-reaching consequences in their lives. A number of child development experts have questioned why we should press skill and concept acquisition on children at the rate we do through typical schooling practices. They hypothesize that many school failures and child adjustment problems may be precipitated by such pressure (Rohwer, 1976). Piaget is reported to have commented that he had no doubt that certain concept and skill developments could be accelerated by educational processes but who but an American educator would want to do that. Parameter (1971) speculates that children suffering from hyperactivity are, in fact, suffering from what may be called Dolt's complaint, a primary symptom of which is inability to stomach American education. While some of these comments are made in a devil's advocate spirit, the point is that education has not always taken the form it now does, and learning can be advanced in many ways other than the methods now in vogue.

Children were not always compelled to attend school. Under compulsory attendance requirements, freedom is restricted during early years supposedly to enable children to realize more fully at a later age their right to life, liberty, and the pursuit of happiness. . . . It was not until 1852 that the state of Massachusetts passed the first law requiring children to attend school. This first law was a weak one; attendance was compulsory for only 12 weeks of the year between the ages of 8 and 14. Since then, compulsory attendance laws have been passed in all states, and they cover, usually, the ten years between the ages of 6 to 16 and yearly attendance periods of around 180 days. Custom has made 12 years plus kindergarten the mode.

School attendance laws have been based not on educational considerations but on an almost mystical belief that in education more is necessarily better. The social-economic advantages of keeping children and youth out of the job market and off the streets has played a significant part in the increasingly longer periods of time that children and youth are being kept in school, delaying assumption of responsibility for their own lives and keeping them locked into their own peer worlds. No clear evidence has ever been found on the length of time it really requires to educate children to some preestablished learning standard. School systems that view mainstreaming as a money saving policy (a dubious attitude) might consider how much more money could be saved by simply revising compulsory attendance laws and length of school days to cover only the in-school time it takes children to acquire an agreed upon set of skills. Current attempts to specify what a high school diploma means in terms of functional skills attained by graduates could lead attention to this point and surface some of the real reasons why we have compulsory attendance requirements.

Basically, compulsory school attendance imposes an obligation only on the children it includes in its requirements. The laws do not specify what children's rights are while they attend. Until recently, it was not clear that schools were obligated to educate children in ways appropriate to their individual needs and life goals. Indeed, children were freely and frequently "excused" from compulsory attendance when their classroom behaviors were considered to be intolerable or their school achievements unacceptable as with trainable mentally retarded, multihandicapped, autistic, and non-English speaking children (see Boston Task Force on Children Out of School, 1971, and Children's Defense Fund, 1974).

Civil rights groups, parents of handicapped children and many other advocates for the rights of minority populations, began to challenge the right of schools to "excuse" or exclude children on the basis of such reasons as "unable to profit from instruction"; "we distinguish between education, training, and custody, and do not believe that schools should be in the training or custodial business"; "he/she has violated school dress or behavior codes"; "our school system doesn't have a program for children like that"; and "our teachers don't have the training required to teach that kind of child."

## Turn Toward Legislation

The courts found it necessary to consider the rights of all children before they could judge the individual cases which were brought before them as representative of classes of children who were being systematically discriminated against by the schools. Advocate

groups initiated a series of class action suits in courts around the country to clarify the educational rights of children and from that base, the rights of children with special educational needs were made explicit. (For information on some of the specific court cases that contributed to clarification of children's fundamental rights and established important school accountability precedents, see Gilhool, 1973, 1976; Turnbull, 1975; Weintraub, Abeson, Ballard, & LaVor, 1976.)

The net result of such adjudications and related state and federal legislation that followed is that no longer may schools excuse or exclude a student from school attendance because his hair is too long; he/she doesn't speak English; the schools feel that they cannot afford a program for him/her; or "our school staff do not have the qualifications needed to deal with that kind of child." Any judge before whom such a claim is brought would require the schools to present compelling evidence that exclusion was a reasonable course of action. The excluding school system might be expected to document that (a) there is a direct causal relation between the reason for exclusion and ability to learn (e.g., between length of hair and learning ability, if hair length is the basis of exclusion); (b) there is justification for spending public educational monies on the children of some taxpayers and not on others (if no money to set up a needed program is the reason given for exclusion of some children); (c) a child who has not learned by the methods the school used could not learn if other methods were tried; and (d) it is impossible for staff who lack requisite skills to acquire them or to be replaced by people who are better able to meet the excluded children's learning needs (if lack of staff with suitable competence is the defense).

This shift of burden of proof from the failing or excluded child to the instructional system has placed many school systems "between a rock and a hard place." Public expectations of educational systems have expanded, but not the systems' financial resources or the number of educational personnel suitably trained to implement the new principles. In fact, as school enrollments decline, budgets are cut, staff size trimmed, and fewer newly trained staff are employed. Fulfillment of current educational expectations obviously calls for restructuring of instructional approaches and retraining of experienced tenured staff so that they will become competent to assume modified roles and functions. Suitable modification in preservice training is needed as well. The encouraging note is the impressive extent to which a number of school systems have reorganized their approaches and made effective inservice education available to staff.

The discouraging aspect is the failure of many to see the needs and the reductions in resources schools now face.

Three basic educational rights have emerged from the various court suits in behalf of children: (a) the right to equal educational opportunity, (b) the right to an education appropriate to individual needs, and (c) the right to due process in making decisions for individual students. These rights set the stage for educational goal setting, curriculum building, and evaluation of program suitability for *all* children. The principles are discussed in some detail here for this reason and because they contribute to the current disposition to educate all children under the least restrictive conditions possible.

For most children with special educational needs, including those who are described as ED, LD, and SM, the least restrictive environment is assumed to be that mainstream of childhood, regular education. Regular class placement should therefore be open to all children as an educational option. However, settings outside the mainstream may be less restrictive in terms of what kinds of conditions particular children may require to learn what they, individually, need to learn.

*Right to Equal Educational Opportunity*

The courts have held that as long as free public education is provided for any child it must be provided for all children or we violate basic equality rights guaranteed to all citizens by the Constitution. A school system may not justify the exclusion of any child on the grounds that it does not have a suitable educational program for the child or the financial resources to develop one. As long as the system provides schooling for any child it must provide it for all. It cannot exclude some children on the grounds of no money unless it excludes all children for that reason (*Mills* v. *Board of Education*, 1972; *Robinson* v. *Cahill*, 1973).

Working from principles enunciated in the Bill of Rights, the courts have judged curriculum, methods, and grouping practices to be unequal when they limit systematically and without consumer consent a child's access to educational opportunities which are open to most children. The tracking policies of the Washington, D.C. schools were judged to be inherently discriminatory on such grounds (*Hobson* v. *Hansen*, 1967).

A whole network of court cases confirms that if learning opportunities are to be defensible as equal they must be open to all children (*Brown* v. *Board of Education*, 1954). Recent judgments have even challenged the right of private schools to include skin color as a criterion in their admission policies. In contrast, certain

ethnic groups (e.g. Indians) are claiming the right to conduct their own schools with public moneys to insure attainment of goals important to them.

The policy that all children have the right to educational opportunity if any do led to the concept of "zero reject," the proposition that the public school system must assume responsibility for serving *every* child, and it can be "excused" from that responsibility only when it can provide acceptable evidence that a child is utterly incapable of benefiting from learning opportunity (Lilly, 1970). Acceptable evidence of such a degree of learning incapacity is likely to be presentable only with the most severely disabled children. Even for such children, however, schools are obligated to re-evaluate the child's status periodically on the grounds that the child's condition may change. Schools should not be allowed to assume unchanging or unmodifiable learning capacity; the risks of error in such an assumption are too great to risk its employment as an operating policy in education.

Teaching and other development-promoting technologies have become available in recent years to advance valuable learning skills in children who were classified as ineducable in earlier times (e.g. trainable mentally retarded, more severely retarded, multiply handicapped such as deaf-blind, cerebral palsied, autistic, and serious emotional behavior problems). As evidence appeared that seriously disabled children could acquire desirable life skills through appropriate instruction, public expectations of which children schools should serve expanded. Self-help and social skills have joined school skills and academic learning as respectable and legitimate goals of instruction. Although parents and local school boards may vary in their beliefs of what the schools should emphasize or give priority to, surveys indicate that broad expansion of expectations regarding school responsibility has occurred (Gallup, 1976).

If educators should be able to document the benefits of early intervention (i.e. from birth to traditional school age) for handicapped children and begin to provide preschool education programs for them, we may see the day when parents of nonhandicapped children will claim the right to early educational opportunity for their children, on the same legal grounds that the right to educational opportunity was claimed for children with special needs (if an opportunity is made available for some children it must be made available in suitable form to all). Reverse discrimination suits are now being brought to the courts. However, it should be pointed out that for any claim to be honored, it should rest on actual documentation of merit according to acceptable criteria, not just on hope or

conventional wisdom. It will need to be demonstrated that early intervention supplies more learning advantage than socioeconomic advantage alone provides to make early education worthy of public support as an *educational* right.

It must be conceded that few educational policies have been instigated in the past on the basis of firm research evidence. As with compulsory attendance laws, other philosophical or social considerations usually have led to the establishment of policy far ahead of, or even despite available research evidence. Promotion of school consolidation was based on expectation of savings through the economies which larger administrative units were supposed to provide. Improved pupil achievement was expected to result because more specialized services, more equipment, etc. would be available. Neither hope has materialized. Advocates of mainstreaming must be very careful about what added benefits they claim for the approach.

Uses of the public education for parent relief and child care or social control purposes, such as keeping children off the streets and out of job competition, are still to be acknowledged openly. Children suffer much from the fact that we do not admit so many of our real reasons for taking or not taking certain actions. They suffer from hidden agenda, unadmitted purposes. Sensitive to the effects of misrepresented motives, children respond intuitively to the implications of the concealed elements. Undercover constraints to good practice are seldom remedied when their presence is not acknowledged.

Educational systems now face the difficult task of trying to help the courts and the public to identify criteria and procedures for judging when educational opportunities are truly appropriate and equal. The courts can help to clarify what rights the schools have obligation to respect, but they neither claim the expertise or command the resources necessary to specify how policies are to be implemented in practice (see recent developments in the case of *Welsch* v. *Likins*, 1974). Recent legislation such as PL 94-142, the Education for All Handicapped Children Act, goes further than most past education laws in spelling out what processes are acceptable in fulfilling the law's intent.

Spending the same amount of money on every child is not an adequate criterion of equality; more money may be necessary to provide anything approximating equal learning opportunity for some children whose learning is seriously impeded by physical, mental, or social disadvantage. Recognition and general acceptance of this reasoning underlies legislation that provides extra funding for physically and mentally handicapped and socially disadvantaged

children. However, more is involved in equal opportunity to learn than the amount of money which is spent per child and at some point the public needs to evaluate the question relative to what proportion of public resources it elects to allocate to formal education. The search for useful criteria of equality must go forward at the same time that schools move to relieve some of the gross inequities that remain. For example, the state of New Jersey must try to define what its laws mean operationally by the term "thorough and efficient." PL 94-142 requires "appropriate" programing and standards are needed to judge when schooling is appropriate for the individual case.

Lack of suitable educational opportunities for ED and SM children is one of the glaring inequities remaining in our time. Strong programs for LD children seemed to be available in more of the school systems observed than for ED and SM children. One reason may be that a primary functional criterion for classifying a child as LD is reading failure. There is longstanding consensus that one of the basic purposes of tax-supported schooling is to teach children to read. Responsible voting requires literate citizens, at a minimum.

Both the schools and the public may be less sure that schools should try to ameliorate children's emotional distress or teach them how to behave socially. Nevertheless, acceptance of a greater role for schools in promoting such nonacademic goals seems evident. It may be, also, that schools feel less confident of their ability to change behavior than to promote reading skills. If so, why they feel that way needs examination if the social problems created by deviant behavior are to be relieved.

*Right to "Appropriate" Treatment*

The right to appropriate treatment has been established most clearly through court decisions involving the involuntary hospitalization of mentally ill persons for treatment purposes. The term "treatment" is assumed to include educational management. Recently passed state education laws and federal laws such as PL 94-142 have made the right explicit for handicapped children.

In an Alabama case, *Wyatt* v. *Stickney* (1971), the court supported the defendant's claim that involuntary hospitalization for the purposes of treatment was an unjustified restriction of freedom when suitable treatment was not actually being rendered. More recently, the Supreme Court ruled that a mental patient committed involuntarily had to be either provided proper treatment or released from the mental hospital in which he was being held (*Donaldson* v. *O'Connor*, 1974). These cases highlight the principle that an individual cannot be removed without his consent from the environment

of the majority of the population on the grounds that placement in a more restricted setting would be better for his welfare unless the probability of greater benefit actually exists in the segregated program. Dangers lurk when a person's ordinary freedoms are restricted "for his own good."

The principles enunciated in relevant court decisions and recent laws have been extrapolated to educational situations by making certain significant assumptions: (a) removal of a student from the ordinary (regular program) milieu is questionable if it cannot be documented that the removal results in better learning for the child; and (b) treatment (including education as a form of treatment) must fit the needs of the individual concerned. "Standard" treatment geared to group expectancies or system convenience does not insure that education will be appropriate for an individual student.

Restriction of the freedom which ordinarily is allowed children frequently is imposed upon a child whose behavior is disturbing to the schools. In such instances, the question arises of who will benefit most from the removal of the individual from the school situation: those whose sensibilities are offended or the person removed? Some states, such as Minnesota, provide institutional review boards to insure that placement in state mental hospitals or institutions for the retarded are proper and that the people so placed are not retained past the point of benefit. Facility utilization boards are required to monitor community residential treatment or living centers.

Few states have required similar neutral monitoring of school practices. Usually, school systems have been allowed to judge the propriety of their own conduct until they are challenged. That era is passing. The mandates of PL 94-142 and newly passed legislation in a number of states, along with the greater sensitivity of the public, parents, and school systems to the issues, is leading state education agencies to develop regulations for special education programs that promote protection of individual rights through due process procedures. Educational decisions are expected to be reached with the participation of child representatives in setting goals, determining methods to attain them, and evaluating results.

Anyone who has worked in school settings has participated in interdisciplinary, interagency conferences at which a plan is developed to relieve a behavior problem which is considered to be so disruptive of the educational process that the misbehaving child can no longer be tolerated in the classroom. Frequently, some participant will urge the removal of the disturbing child from the classroom on the grounds that it would be better for him/her to be placed elsewhere. Wherever that elsewhere may be, it is usually farther

removed from a normal living environment than the one to which the child has been exposed.

Often there is reason to wonder how honest is this expressed solicitude for the child's welfare. Too often, the treatment possibilities in the proposed special setting are more limited than those in the child's present placement. Even if the program at the more segregated facility proposed is very good, the arguments advanced for isolation are seldom convincing. Perhaps it is ignorance of the effects of hospitalization or other forms of social isolation on people who are classified as "mentally ill" that leads people to urge special placement for children.

We have observed that abnormal conditions may precipitate abnormal responses because of the individual's sheer need to survive in the strange world in which he or she has been placed (even among those segregated merely by old age or other loneliness-inducing separations). People tend to model their behavior on that of others in the environment. The concept of *in situ* treatment has been recommended as a more desirable approach out of just such considerations.

*Towards Normal Settings*

The goals of the normalizing principle (Nirje, 1969) are one with those of the least restrictive alternative and mainstreaming principles. The concepts they represent have become working hypotheses in planning and evaluating the adequacy of helping services for handicapped persons. Large state institutions, which functioned far too long as warehouses for people exhibiting embarrassing or offensive behaviors, are being abandoned in favor of small, residential treatment or living centers within communities. It is hoped that service quality will be more open to public scrutiny and easier to maintain because the effectiveness of the administrative unit is not so readily diminished by the problems of bigness.

Physically or mentally handicapped, drug dependent, socially maladjusted, and mentally ill people, who need to acquire better skills for participation in the open community, are served in community residential settings where they participate in as many community activities as they can handle while they learn new ways. Communities are responding helpfully. Increasingly, community organizations such as churches, Y groups, and Scouts are developing the capacity to serve people with special needs. School systems are developing new preschool, school age, and adult education programs to improve the functioning of handicapped children and adults in community settings. Results confirm that treatment pro-

grams for the chemically dependent and others with problems are most effective when they involve family members who are inevitable co-participants in the problem's causes and effects.

We have already recognized that when children with skill-learning and social interaction problems are segregated in special classes, their behavior may become more unusual than when they were functioning in the "normal milieu." Children learn how to behave as much or more by imitation and experiencing others' reactions to their behavior as by adult exhortation. Freedom's limits are learned by reality testing. Overprotection can mean learning restriction.

We really do not have a free world; behavior that meets individual standards may not be equally acceptable to society. Even the natural environment imposes constraints on freedom. If our ethics oblige us to enhance the lives of others, we must allow them to learn what they need to know to live well. Some risks may arise in the process. We come back to the question of what price we are willing to pay to make sound learning possible.

The principle of the least restrictive alternative in placement of school children for treatment purposes is an outgrowth of the preceding kinds of considerations. The principle assumes that lacking a firm evidential basis for predicting the best treatment approach for an individual pupil, priority ought to be given to the assumption that we have no right to separate children from normal opportunities for learning. Courts have generally interpreted the principle of the least restrictive alternative to mean that those who urge a more limited or segregated learning environment for a child first must document the advantage of the placement for the child in persuasive terms, not that *every* child should be placed in a regular classroom. Given evidence of the value and feasibility of education in normal or near normal settings and the undesirable consequences associated with separation, segregation for educational purposes requires compelling defense.

Neither the courts nor thoughtful educators presume that education in the mainstream constitutes the most appropriate approach for all children. Individual needs and means must be discriminated in every case. A school system that merely seats a child with learning problems in a regular classroom cannot claim that it is thereby honoring the least restrictive environment and appropriate education principles. All such behavior does is defraud the child and sabotage a potentially useful approach. All too often such a school system tries to excuse its predictable failures on the grounds that "we tried that but it didn't work." Sadly, the concepts had never received a fair trial under the conditions that obtained. The neces-

sary supports were not committed to the task and hopeful, well-directed teaching did not follow the regular class placement.

Another vital aspect of the principle of appropriate education is the concept of individual right to maximum self-realization — a goal which some claim to be a purpose of schooling. Increasing acceptance of this purpose reflects what may be a profound change in public thinking about the right of individuals to achieve life satisfaction in whatever way they choose as long as they do not interfere with the rights of others. It is interesting that this demand grows louder at the same time that demand increases that children learn basic skills before being promoted or graduated.

Maximum self-realization sounds like a laudable goal but we educators lack the technology to attain it fully. How are we to estimate what a person's maximum potential might be? How are we to know when it is realized since existential elements are involved in the judgment? It may take some elaboration to establish the relevance of a maximum self-realization right to the methods that may be useful and acceptable in serving ED, SM, and LD children, but some connections can be suggested.

As free public education was developed on a national scale in this country, sufficiently similar organizational practices, curricula, methods, and sufficiently similar regulatory standards were adopted by the states to allow a child to move from one school system to another without suffering major discontinuities in his education. Age-grade groupings and self-contained classes became standard practice in most school systems at the elementary level. Teacher certifications could be honored among most states. Nearly all school systems were organized along the hierarchical administrative lines which had been borrowed from the industrial management model (devised to achieve mass production goals efficiently). School curricula became geared increasingly to the entry standards set by colleges and prospective employers rather than to conceptions of what constituted the well educated man.

These commonalities may have eased the problems of children growing up in an increasingly mobile society and helped them to meet college and job market criteria, but they made school a Procrustean bed for a significant number of children whose needs were unusual. ED, LD, and SM children often find it hard to cope with rigid school practices. When attending school becomes an intolerable obligation, some children truant, or develop school phobia. The formal curriculum may seem highly irrelevant to a child whose psychic energy is invested in trying to figure out who he is and how he can deal with life in a way that satisfies his needs, not just

someone else's demands. In self-defense, they drop out physically or become alienated psychologically.

Today there seems to be less consensus as to what constitutes "the good life" or "the educated man" than existed in earlier years. Women ask why our language emphasizes the educated *man*. Many students, with increasing parental support, question whether it is appropriate for educational institutions to shape what pupils learn to fit the need of prospective employers to make a profit. There is reaffirmation of the belief that the individual exists for himself, that government exists to protect the rights and to advance the life goals of individuals rather than corporate interests or government goals, and that the goals of employment should be something more than meeting the profit objectives of the employer.

As traditional religious doctrines and social values are questioned, educational systems increasingly are expected to help students "find themselves," a universal human dilemma that can reach critical proportions in the case of most ED, LD, and SM children. As one student put it, "Schools should give us guidance to understand the nature of life and existence. I find myself in a vacuum groping for the meaning of life" (Shane, 1976, p. 120). Many an ED child might express the same vital need to "get his head together," if he or she were that articulate.

The ferment in thinking that became so openly expressed in the 1960s led parents to make different demands on the schools. These new demands often are sufficiently diverse to create difficult accommodation problems for the schools. In response to this divergence of values among the consumers of educational offerings, some school systems are trying to provide alternative approaches to education which are open to parent choice. (See the description of the Minneapolis, Minnesota program in Appendix.) When alternative approaches are available, placement options for ED, LD, and SM children are increased significantly.

While the number of school systems offering alternative educational approaches to children is increasing, the practice is still limited. Traditional age grade groupings and subject matter divisions, concentration on academic learning, and timidity about including philosophical considerations (moral values, religious doctrines) in public school offerings still make up the more typical mainstream context.

In most school systems, competition among students and individual success is still stressed above cooperative efforts to achieve common goals, despite research results supporting the merits of cooperative over competitive learning. The justification usually of-

fered for this emphasis is that pitting children against each other motivates them to achieve and teaches them the essential truth that the world is a tough jungle in which only the best competers gain the rewards. This begs the question of whether a different socioeconomic world might be created if we were willing to teach children other ways of living. School reward systems give meager acknowledgment to facilitation of self-realization; instead they stress winning, and for anyone to win, someone else loses. This is the context that makes "losers" of so many ED, LD, and SM and, possibly, successive generations of socially disadvantaged children. Teaching in ways that encourage cooperative goal attainment is possible (Johnson & Johnson, 1975).

## Alternative Mainstreams

Some families have been so strongly committed to the belief that certain social philosophic values are fully as basic to a child's education as the traditional school skills, subject matter offerings, and vocational training of public schools that they have developed their own educational alternatives. We are accustomed to having parochial and private schools aid families in their efforts to shape childrens' outlook on life in keeping with family beliefs. It is easy to forget that such alternatives are more often available to parents of economic means than they are to poorer families. Children from poorer families become classified as special education clientele in numbers out of proportion to their occurrence in the general population. Even enrollment in church supported parochial schools calls for some financial sacrifice on the part of families whose beliefs prevent them from taking advantage of their childrens' free public education rights.

An emotionally disturbed or socially disturbing child may have become so as a result of his inability to deal effectively with disparities among the values, expectations, and life styles of his family, peer community (e.g. street society), and the people in the school he is required to attend. For such a child, enrollment in a school program that is more compatible with his family's values and behavior expectancies, or in a program that helps him to cope better with the many value differences expressed in society as a right in a democratic order, may be a logical and more beneficial way of treating his apparent emotional disturbance or social maladjustment than psychotherapy twice a week. However, public tax dollars are seldom available to facilitate therapeutic placement in a regular private

school, however logical such a solution might be in terms of the child's treatment needs. Yet some states provide tuition to enroll emotionally disturbed or learning disabled children in segregated, privately operated special schools. As long as such disparities exist, the range of available choices for troubled children is politically limited, however carefully due process procedures may be followed in arriving at public school placement recommendations.

In some states (e.g. Minnesota), education laws allow the use of special education funds to enroll emotionally disturbed, learning disabled, or other kinds of handicapped children in special nonpublic schools when no suitable public school program is available . The responsible local education agency is required to provide continuous evaluation of the nonpublic service on the assumption that the public agency retains responsibiity for seeing that the handicapped child is properly served wherever he is placed and that the child one day will return to his local school. It is therefore encumbent upon the local education agency to monitor the child's progress in the nonpublic program in order to encourage and facilitate his return to the educational mainstream in the local school system.

The range of mainstream alternatives is increased considerably in those states in which special education aids support services on a shared time basis for children attending parochial schools. When parents choose for reasons of philosophical values to enroll their children in such schools, it seems absurd for state regulations to forbid the use of special education aids for parttime services for such children unless they transfer to public schools. In some of the states in which programs were observed for this book, the fulltime enrollment requirement had been or was planned to be eliminated (e.g. in Minnesota, state-supported special education services were to be provided to parochial school students on a shared time basis after July 1, 1977).

An interesting facet of the question of parental choice in how a child is educated is illustrated by *Wisconsin* vs. *Yoder*. The case also raises interesting questions about the criteria that should govern determination of the appropriateness or adequacy of an educational program. Amish parents challenged the right of the Wisconsin state education agency to compel their children to attend a public school. The agency claimed that the program provided by the Amish school did not meet state standards, teachers did not meet certification standards, and other school accreditation criteria were not met in conventional ways. The Amish parents won the right to educate their children according to their beliefs. They defended the value of the education they were providing by presenting concrete data to the

court which indicated that their children were better educated than public school students by commonly accepted standards of effective socialization. Their children showed lower rates of delinquency, higher scores on commonly used educational achievement tests, and performed better on other commonly used indicators of social adjustment.

It can be argued that the teachings and behavior models of the Amish community produced the results, not the school programs and procedures. But the same argument can be made for pupils' achievements in public schools. If it is indeed family background and the total community environment that contributes most significantly to the results of schooling, as the evidence suggests is the case, then maintenance of children in a comprehensive "normal" environment — whatever the socialization to be attained may be — is given greater importance.

This case also points up the need to develop more than program input criteria, the aspects which are commonly used to accredit school programs (e.g. teacher certification, class size, characteristics of the school building, length of school year) to judge the adequacy and appropriateness of educational programing for individual children. Some of the exemplary programs observed for this book were moving toward approaches such as competency based professional training and certification as well as child progress in attainment of specified competencies as evidence of fitness to serve ED, LD, and SM children (e.g. Vermont Consulting Teacher certification standards).

The Amish case and other court challenges by which parents have won the right to teach their children at home highlight a tantalizing question: If an individual has a basic right to refuse a particular medical treatment, to elect to attend a nonpublic school (including home teaching), can students be compelled to attend school if they or their parents believe that the schools are not able to provide a proper educational program? This is one of the questions being tested in an increasing number of states by parents expressing diverse concerns.

*Right to Due Process in Educational Decision Making*

The first two rights mandate equal educational opportunity for every child and education appropriate to each child's needs — the heart of the right to education. The third right, due process, guarantees that any restriction on a child's educational placement or programing shall occur by consent of the child and/or his or her parents or guardian. Due process is integral to equal protection under the

law and essential to equal opportunity. It is the means by which the individual is protected from the tyranny of majority, governmental, or corporate power. It provides the individual with countervailing power to resist governmental intervention in his life without his consent.

The power of schools is frightening. It extends into many aspects of children's lives. As a result, schools are being pressed today to justify more of their service decisions. This pressure for greater accountability, once confined mainly to how funds were spent, now includes the question of whether the opportunities provided for any child are appropriate for him/her and equal to the opportunities offered other children.

Due process in educational decision making requires that children or their parents/guardians have a voice in determining a child's education. It requires access of all parties to the information on which decisions are based and guarantees the freedom to present contrary evidence and opinions. Through the due process provision, the Bill of Rights provides an avenue for the individual to challenge governmental or institutional interference in his/her freedom to act in his/her own behalf.

## Who Should Decide?

Due process requirements imply that the learner has the same right to accept or reject proposed educational programs as an ill person has a right to accept or reject medical treatment. Compulsory school attendance laws may force a reluctant learner to be physically present in a classroom but it cannot prevent him from absenting himself mentally. Due process requirements compel schools to document the relevance of educational programing to desired outcomes. It cannot be assumed that all educators are infallible or that their opinions require no defense. Expert opinion varies within every profession, and no profession has a monopoly on determining personal social values.

Schools cannot argue that their methods are not a critical factor in a child's failure to attain competence in particular skills if evidence indicates that some methods are superior to others. The hidden curricula of the schools become part of the total exposure. Evidence is accumulating on the relative merits of various methods to promote learning in ED and LD children, and particularly the latter. Due process should make it possible for these children to receive the best kind of help known to educators.

Most states are now in the throes of writing guidelines to help school systems to comply with their due process obligations. This effort has been mandated by judicial decisions as well as the funding requirements of such legislation as PL 94-142. The specifics of due process guidelines are illustrated by the Kansas special education law (see Appendix). Since the Kansas program was visited, The Council for Exceptional Children has published *A Primer on Due Process* (Abeson, Bolick, & Hass, 1975) to help school people meet the intent of this requirement. However, school systems must be aware that simple adherence to established procedures is no substitute for sound judgment in decision making. Procedures do not relieve educators from the obligation of developing and defending value related decisions.

Parents and students ask schools to provide more diversity of learning opportunity so that students can decide what will contribute most to their broad life goals: becoming employable, becoming a "learned person" according to some formal standard, or "realizing oneself." Both parents and students have become much more sensitive to the potential effects of educational methods on personal growth. They insist increasingly that curricula be fitted to the individual rather than individuals fitted to preformulated curricular requirements. It follows, then, that the orientation of tests, classification systems, instructional methods, and other learning-management procedures must be changed from selecting individuals to fit available programs to tailoring programs to fit individual needs and aspirations. Only the consumer of education (or his guardian) is in a position to clarify his own learning goals.

Parent aspirations for their children are presumed to be acceptable representations of their children's aspirations. In some cases, society (and the schools as agents of society) may legitimately question how well parents represent a child's best interests (*Baird* v. *Bellotti*, 1975; *Bartley* v. *Kremens*, 1975).* Nevertheless, basically, the decision of what is to be learned cannot be made by educators alone. The learner can always say, "Convince me that I should learn that if you can," and ED or SM children have so challenged their teachers.

*Being a parent gets tougher and tougher. In Minnesota a 15 year old girl brought court action against her parents because they wanted to take her on an around the world trip for 2 years and she didn't want to go. No court decision resulted; they worked out a compromise; she didn't go.

*Shift in Focus of Testing*

An illustration of the shift in educational goals was provided by Leona Tyler, a leader in the study of individual differences, in comments on the uses of tests.

> What we are witnessing now is a frontal assault on the whole structure [of testing] . . . . First we are in the process of replacing selection by *classification* with *self-knowledge* as a central organizing purpose. Instead of assuming that someone is going to use the test we are designing to select the persons most likely to succeed in a particular situation, such as a college, a job-training program, or a managerial position, it is possible to begin with an assumption that the purpose of the test is to analyze what each person who takes it has to offer, so that a suitable place can be found for him. Another way of putting it is to say that tests are being designed for the benefit of test takers rather than for the benefit of admissions officers. (Tyler, 1973, p. 1023)

Another implication of due process for educational testing is that no test may be used unless the individual (or his guardian) understands what the individual will reveal about himself by his test responses. Some tests and the manner of their interpretation may force the individual to testify against himself unknowingly. Hence, on all tests, the individual should know the potential implications of his responses.

Tyler made the point that test information basically belongs to the individual tested when it is acquired for purposes of educational programing. For this if for no other reason, a student (or guardian) has the right to know what information the school maintains on him.

## Human Beings and Inhumane Systems

Once upon a time, the family and the close-knit social groups of which people were members took care of all of each other's basic needs. Babies were birthed, food was shared, the dead were buried, and the children were taught by example and increasing participation, all within the context of warm, supportive, personal relationships. But the social groups grew into large complex societies. Certain helping functions were turned over to specialists or were institutionalized and the needs of individuals became compartmentalized. As professionalism increased, so did the depersonalization of the consumers of services.

The reaction to this depersonalization can be seen in the growing movement to return to people their rights to be treated as individuals. Ombudsmen, patient advocates in hospitals, and organized advocacy groups for special classes of persons are all examples of this

trend. For example, in one of the communities visited for this book, members of a Jewish synagogue had decided to provide for themselves and their families free, traditional burial services. The reasons were philosphical and psychological, not financial. Mortuary facilities are used only when it becomes necessary to use technology that cannot be accomplished in the home. To the maximum extent allowed by considerations of feasibility and legal regulations, members of the religious group carry out whatever functions are needed within the mortuary facility as well as in the home. The reason given is that people's caring for each other is an essential ingredient in mutual human support which cannot be delegated to impersonal, paid fiduciaries. Few bureaucratically organized service systems are able to supply this vital caring ingredient. In fact, many people are now beginning to recognize that no degree of technical expertise can compensate for lack of the essential element of caring in treatment. A host of ED, LD, and SM children testify to this conclusion.

## Systems Have Needs

Systems developed to serve human needs have a dismaying tendency to become more self serving than people serving. Every system struggles to maintain the state in which it functions most comfortably; but in doing so it gives priority to its own needs instead of to the people helping purposes for which it was initially instituted. School systems are no exception to this general tendency. Sunset laws and zero budgeting policies which require bureaucracies to present periodic evidence of the continued need for their existence are a recognition of the propensity of systems to perpetuate themselves whether or not they are needed any longer or are accomplishing the stated reasons for their existence.

Logically and ethically, helping service systems should operate according to the principle of "first do not harm" — Florence Nightingale's advice to nurses, repeatedly. Unfortunately, this principle is more often honored in the breach than the observance. Although people who staff service systems tend to be strongly motivated to do good and are equipped with professional training to help others more effectively, their personal biases often distort problem definition and treatment and the rules of the system defeat them. The conceptual framework implanted in training may seem so plausible and convincing that the graduates of the training programs unthinkingly or deliberately reinterpret the problems and needs of the people they are trying to help to fit that framework; and they impose upon clients their preconceived conceptions of how people in diffi-

culty ought to handle their problems, even though these conceptions may contradict the clients' views of their problems and of acceptable solutions. (This tendency is not peculiar to helping professions, of course, or the tendency would not be characterized as "missionary zeal.") Yet, because of the intricate relation of clients to service agencies, the clients often are not free to seek the help they need elsewhere.

Compulsory attendance laws and general parental expectations give children no choice in attending school. Schools are like other parents (*in loco parentis*) but the paternalism is not always loving, benevolent, or benign in its application. By their very nature, school systems are motivated to perpetuate their existence and to appear responsible, successful, and efficient. The people in the systems who carry out delegated authority are not always able to subordinate their professional conceptions and ambitions, and their interpretations of public policy are biased accordingly.

Recent opinion polls indicate that the public no longer assumes that educational systems are good instruments for attaining public goals, perhaps because a high degree of accountability was not demanded of the systems or their personnel in the past. As uncritical esteem for educators, physicians, and other formerly respected professions declines, concern for individual rights seems to rise — or vice versa perhaps.

School systems borrowed the hierarchical system of organization from industry to deliver educational services to children. This mass production model had been developed by industry to achieve greater profits though increased efficiency. The key elements of the system were centralized authority, flow of decisions down the administrative hierarchy, breakup of production into small bits, and role specialization. The model is a poor one for human service because it tends to fragment the client by treating his various needs as disparate; service tends to respond to bits of need, not to the client as a total person. The individual is seldom treated as a whole being with multiple characteristics and multiple needs that interact with each other internally as well as with factors in his environment. This view gets lost in the process of serving him under the fragmenting, depersonalizing conditions generated by mass production delivery systems.

The industrial organization model assumes that wisdom exists at the top of the administrative hierarchy. Only at that level is the intact goal perceived. Partial goals and quality control are filtered down the hierarchy through tight policy regulations and detailed directives to insure that the individual workers at the bottom of the

organizational chart, where the product is turned out in bits and pieces do not deviate from the overall blueprint in any significant way lest the parts be deformed and not fit together in their final assembly phase. The needs of people, however, are not bits and pieces to be shaped to the convenience of the systems set up to serve them. Children come to the schools expecting to be understood and treated as whole persons, and rightly so. Instead, they find themselves classified according to certain limited characteristics or traits and those partial characteristics or traits become their determining identities for educational purposes. They become the objects of action, no longer the primary movers in what they will become.

Educators and other professionals too easily fall into the trap of doing *to* their charges instead of *for* them.

The impressive power of school systems flows from general public consensus that the schools' major responsibility is to socialize the young. Socializing is often construed as learning to conform to generally accepted social values, although many of the values presumed to be universal are actually not so generally accepted. The real question is, what purposes of education should be served and who should determine the purpose? But the question is not peculiar to this decade.

Ben Franklin reported on a letter which had been written by the chiefs of the eastern Indian tribes, then known as the Six Nations, to the government of Virginia in response to its offer to educate six Indian youths, one from each tribe, at William and Mary College in Williamsburg.

> We know that you highly esteem the kind of learning taught in those colleges, and that the maintenance of our young men, while with you, would be very expensive to you. We are convinced, that you mean to do us good by your proposals; and we thank you heartily; but you, who are wise, must know that different Nations have different Conceptions of things; and you therefore not take it amiss, if our Ideas of this kind of Education happen not to be the same as yours. We have had some experience of it; Several of our young people were formerly brought up in the Colleges of the Northern Provinces; they were instructed in all your Sciences; but, when they came back to us, they were bad Runners, ignorant of every means of living in the Woods, unable to bear either Cold or Hunger, knew neither how to build a Cabin, take a Deer, or kill an Enemy, spoke our language imperfectly, were therefore neither fit for Hunters, Warriors nor Counsellors; they were totally good for nothing. We are however not the less obliged by your kind offer, tho' we decline accepting it; and to show our grateful Sense of it, if the Gentlemen of Virginia will send us a Dozen of their Sons, we will take great Care of their Education, instruct them in all we know, and make Men of them. (Franklin, 1794, p. 28-29)

Obviously, myopic claim of universality for one's view of what a child should learn and how he can learn it best is not a new development.

An additional problem for schools is the lack of consensus among educators as to which methods of achieving instructional goals are most likely to be effective. Without an adequate research base for methodological decisions, school personnel are free to impose their personal preferences or biases, sometimes to the extent of violating the principle of Occam's Razor (Entities are not to be multiplied without necessity) the principle of "first do no harm," and the right of the consumer to some voice in deciding what he will learn and how he will learn it.

Children have been sadly lacking in means to defend themselves against adults, including parents and teachers, who abuse them physically and psychologically in the name of acting for their own good. Seldom have schools provided adequate means for students or their guardians to appeal school decisions. Parents fear that if they complain the power of the schools will be turned against their children, not only the one in trouble but siblings attending the same school. Indeed, systems often protect themselves by blaming the victim to defend their own inadequate behavior. No other public system for meeting human problems, except the courts, have as much authority over the people they serve as do the schools. Their parent-like authority coupled with compulsory attendance laws locks them and their clients into a one-sided relationship. Now, however, due process procedures are required by law to protect the consumers of educational services and their guardians by both informal and formal proceedings.

*The Juvenile Court System*

Another forum in which the rights of children are determined is the juvenile courts. There, too, decisions often are based on evidence which would be considered unacceptable if adults were being tried. Reasons for this relate to the presumed purposes of a separate court system for juveniles. The case of Gerald Gault is illustrative.

Gerald Gault was 15 years old when he was committed to a detention home as a juvenile delinquent, a noncriminal charge. The action grew out of a neighbor's complaint that he was making obscene telephone calls to her. As a result of the charge and through subsequent juvenile court actions, Gerald was ordered to spend 6 years in a detention home, the length of time required for him to reach the age of legal responsibility. Had Gerald been 18 years of

age, he would have been prosecuted under criminal statutes which would have limited his penalty to no more than 2 months in jail and a fine of no more than $50; and, furthermore, he would have retained the right of due process and the opportunity to defend himself.

The Supreme Court's 1967 ruling that overturned the original juvenile court judgment held that Gerald and his parents had been denied nearly every legal consideration inherent in the concept of due process. For example, the neighbor's word, which was the primary basis of the juvenile court decision, was not challenged as it would have been under adult court practice. Gerald's affirmative response when asked if he had called the neighbor was accepted as evidence that he had spoken *obscenely* when he called, although he did not say so. He was not given prior warning that in answering questions he might be testifying against himself, nor was he informed that he need not testify against himself.

Anyone familiar with the schools' traditional ways of exercising their wide-ranging authority to exclude or assign "problem" or "disturbed" students to separate and less free educational situations must feel a twinge of conscience when reading the Supreme Court's decison in Gerald's case. Justice Fortas wrote,

> A boy is charged with misconduct. The boy is committed to an institution where he may be restrained of liberty for years. It is of no constitutional consequence and of limited practical meaning that the institution to which he is committed is called an Industrial School. The fact of the matter is that, however euphemistic the title, a "receiving home" or an "industrial school" for juveniles is an institution of confinement . . . Under our constitution the condition of being a boy does not justify a kangaroo court . . . Against the application to juveniles of the right to silence, it is argued that juvenile proceedings are "civil" and not "criminal" . . . [but] . . . the availabilty of the privilege does not turn on the type of proceeding . . . but upon the nature of the statement of admission and the exposure it invites. (quoted in Robinson, 1974, p. 235)

Robinson (1974) suggested that the substitution of such terms as mentally ill, emotionally disturbed, or antisocial for "juvenile delinquent" would give us some sense of where the court might stand on several aspects of school imposed therapies or rehabilitation strategies, of which segregated special education intervention may be a form. It seems to follow from the Gault decision that a person's right not to incriminate himself and his right of due process are not cancelled just because he is not being tried on adult criminal charges. The question is raised, then, of whether involuntary testing or lack of knowledge of what test responses may imply to authorities

may constitute a form of involuntary testimony against oneself. Robinson concluded:

> If the possible outcome of the enterprise in which he is involved is involuntary incarceration [substitute involuntary displacement from the mainstream of childhood] in any place, however euphimistic the title, he cannot be compelled or tricked or confused into testifying against himself. Whether psychological tests ordered by a court substitute an educational system fall into this domain remains to be decided as does the status of expert testimony when based on information volunteered by an individual during psychological or psychiatric interviews. (Robinson, 1974, p. 235; bracketed material added)

Since the Gerald Gault case and Robinson's paper on the failures of schools and other helping service programs to protect children's rights, some of the questions raised by Robinson have been answered. Laws such as the Buckley Amendment now require schools to make available to a person (or his guardian) the records kept on him, and require a testee (or his guardian) to consent to the administration of any test that may provide information which goes beyond ordinary school testing. School testing practices, record keeping, and practices assuring confidentiality have been changed significantly since the Buckley amendment was passed (see Chase, 1976).

In some of the states where I observed programs (e.g. Massachusetts and Kansas), recently passed state special education laws included due process requirements. In 1975, PL 94-142, the Education for All Handicapped Children Act, was enacted by the Congress. Under this act, all states must install procedures which guarantee that due process rights will be honored if schools are to qualify for funding. This means that every school system in the country must provide procedures for arriving at educational program plans which allow the child (or his parent or guardian as his representative) to have access to the information on which schooling decisions have been based, to provide a system for the appeal of unacceptable decisions, to permit the child (or his representative) to add independently gathered information to the pool of data on which school judgments have been based (i.e., to defend the service consumer's point of view), and to have an advocate present to represent the child or parent if one or both feel incapable of speaking effectively for themselves.

In one of the school systems which I observed the League of Women Voters had undertaken a study of special education services. The adequacy of due process procedures was one of the service aspects considered. In its report to the district's board of education, the League recommended that due process procedures include the following minimum guarantees. Right to:

1. prior written notification concerning any proposed change in a child's educational program;
2. an impartial hearing;
3. call witnesses;
4. legal counsel;
5. present evidence;
6. examine all evidence;
7. hear all witnesses;
8. crossexamine adverse witnesses;
9. appeal; and
10. a record of the hearing. (Minneapolis League of Women Voters, 1974)

The report emphasized communication to parents in language the parent understands; not only with respect to the language spoken at home (in this district, non-English-speaking families are rare) but to the generally accepted meaning of words, as opposed to professional jargon.

Such a formidable array of requirements may look like too much to ask of school people, given the many critical educational decisions they must make during any school day. It should be noted, however, that these formal procedural requirements are expected to apply only to placement and curriculum decisions that go beyond standard operating practices. Formal due process hearings cannot be required for every instructional decision a teacher makes during the day; he/she is a professional who is employed to make such judgments. A question at issue is whether training and accreditation guarantee that every teacher has the competence to make the day to day judgments good practice requires.

*Teachers and Judgments*

The teacher's need for help in making judgments must be recognized by the system in sensible ways. Rules or guidelines handed down from the top of an hierarchial decision system cannot cover all possible circumstances. There is seldom time for a teacher to send questions about exceptions to rules to the top of the hierarchy for answer. Some degree of authority to make immediate decisions must be delegated to the teacher and help should be nearby. One teacher reported that securing permission to instruct in an unorthodox way takes so long in this system that the time to act is often passed before permission is achieved. This leads to not seeking permission if the action proposed seems essentjal and reasonable because "forgiveness is easier and quicker to secure than permission."

Teachers must be sensitive to the intent of the basic principle which is involved in preserving the individual's right to determine

what he/she will become, given the practical limits of the right of others to pursue their individual development. That principle, however, can raise critical issues when a teacher must determine whether the current behavior of a child is of such degree or kind that it may lead to more serious problems in the future or whether the classroom management problems presented by a child are so great that the rights of other children are being abridged.

Personal beliefs enter into every decision and judgment. Even the judiciary depend upon their notions of what is reasonable and feasible or upon the opinions of experts to make judgments in particular cases. Where child welfare is concerned, no neat regulations or professional standards are substitutes for personal, ethical judgment. It would be most unfortunate if school personnel were to view mere observance of the letter of due process procedural rules as fulfillment of the intent of due process — which is to fix accountability for judgment of what is best for each child.

It may be comforting to recall that the architects of the Constitution also did not feel able or willing to define precisely when individual rights must yield to social welfare. It was by popular demand that the Bill of Rights was appended to the Constitution to guarantee protection for individuals against unjustifiable government encroachment. The problem of the balance between individual and group welfare, however, was left to the good sense and ultimate judgment of the courts and the citizenry. And that is still the heart of the matter in trying to balance child educational rights with what order is required for school to keep.

## Exceptional Child Rights as Defined by PL 94-142

Although PL 94-142 can be applauded as a significant advance toward meeting the total needs of children who require special help, it contains provisions that can magnify existing problems if school personnel do not minimize the possible undesirable effects. One potential danger is that labeling children as disabled and separating them from the mainstream may be encouraged because the federal aid is given on the basis of excess service costs for children identified as handicapped. A school district that is working hard to create a mainstream so accommodative to individual differences that few children need to be defined or labeled as handicapped may be penalized financially for doing what seems best for children. The law's provision that only 12% of any school system's population can be counted as handicapped for aid purposes is undoubtedly intended to discourage overcounting of children to qualify for more funds. However, one suspects that every district will find the maxi-

mum number of handicapped children allowed; what begins as an upper limit easily becomes a floor. On the other hand, in some districts the number of handcapped children may, in fact, exceed 12% of the total school population; inadequate health care and other factors can contribute to a high incidence of handicaps in a particular area; furthermore, the existence of good school programs for children with special needs often encourages families with handicapped children to move into an area.

In a survey taken for an HEW study (Hobbs, 1975), most special education administrators responded that financial aids should be based on the kinds of services supplied by the schools, not child counts. Aids are allocated in this way in several states now (e.g. Illinois, Minnesota, and Texas). Service based funding seems to give the flexibility that is required to serve children according to individual needs without overtly labeling them according to handicap classification. It is hoped that some way can be worked out within the specifications of the law to separate what criteria are needed for fiscal accountablity from what descriptions are necessary to provide proper services to children.

Special points of concern regarding PL 94-142 provisions are the special $300 grants per child to encourage states to provide special education for preschool handicapped children and the definitions proposed to govern counting of LD children for funding purposes. The advantages of early intervention for children with certain kinds of handicap are well documented. The handicaps of some hearing impaired, vision handicapped, cerebral palsied, multihandicapped, and severely retarded children are significantly relieved by the direct training and education of parents at early stages of the children's lives. However, early identification of children as ED, LD, or SM is a questionable activity unless a problem clearly exists (e.g. infantile autism).

The undesirable consequences of classifying children as deviant, disabled, or handicapped have been well summarized in the Hobbs (1975) report. There still are no universally accepted definitions of emotional disturbance, learning disorder, and social maladjustment. The definitions proposed for PL 94-142 funding cannot predict what kind of help children need. They are administrative devices for governing funding allocations. They should not be taken as guides to instructional needs. There are no tests of sufficient validity or reliability to predict which preschool children with learning (LD) or behavior problems (ED) will benefit from special identification and intervention and which will not. Some emotionally disturbed and/or socially maladjusted children seem to work out

their problems successfully by themselves, whether or not special treatment is provided, but we still have no way of identifying which children will improve spontaneously or under what circumstances (Glavin, 1972; Roff & Ricks, 1970; Stennet, 1966).

Considerable research has been devoted to trying to identify significant early indicators of adult social emotional maladjustment. Most studies report that unfailing predictors are hard to find (see Roff & Ricks, 1970; Rubin & Balow, 1977; Spicker, Anastasiow, & Hodges, 1976).

Perhaps we need to establish that one of the basic rights of children is *not* to be identified as handicapped when such identification is not essential to their maximum self realization and social development or may actually impede them. Children have some right to be let alone, to be their own persons. However, the impetus of funding may lead to the violation of that right and of what should be the cardinal principle of all treatment: "First do no harm" (Divoky, 1974).

Most children are somewhat disturbed and a problem to someone at some time in their lives. The Educational Follow-Up Project (EFP) is a prospective longitudinal investigation of the behavioral sequence of perinatal and early childhood conditions and events (Rubin & Balow, 1971). Through their EFP contacts with parents, teachers, and children and reviews of reported prevalence data, Rubin and Balow found school behavior problems to be much more prevalent than the 1.5% estimate of the U.S. Office of Education (USOE) Bureau of Education for the Handicapped (1975) or the widely quoted 2% prevalence figure quoted by the U.S. Office of Education (Mackie, Kvaraceus, & Williams, 1957; USOE, BEH/Aid to States Branch, 1976). United States Office of Education estimates of prevalence tend to be the lowest quoted. Other investigators have found prevalence rates as high as 30%, depending on the demographic characteristics of the populations surveyed, the severity of the problems identified, and the viewpoint of the observers.

Subjects in the Rubin and Balow EFP study consist of 1613 children born at the University of Minnesota Hospitals between 1960 and 1964 who were also subjects in the Minnesota component of the nationwide Collaborative Project described by Berendes (1966). Each year classroom teachers were asked to provide information regarding general school progress, retention, special class placement, and whether or not the children have received special services such as remedial reading, speech therapy, or psychological evaluation. Teachers were asked if the children had shown behavior problems but the term was not defined. What constitutes a behavior

problem was left to teacher judgment. This approach was used on the assumption that a child whose teacher believes he has a problem does have a school problem whether his/her behavior fits some legal, research, or administrative definition or not. In addition to teacher reports, intelligence, school readiness, language development, and school achievement tests were administered to all subjects.

By the time of the last analysis (1976) only 78 subjects had received a teacher rating each year over the 7 years of kindergarten through grade 6; 1366 had received at least 3 teacher ratings; and 370 had been rated by 6 teachers.

By the time of the 1977 EFP data analysis all subjects had completed the fifth grade. Roughly 35% of the boys and 16-20% of the girls rated by teachers had been identified as behavior problems at each grade level. The incidence of behavior problems for girls was higher only at the first grade level where it reached a rate of 26.4%.

Over the span of time covered by the 1977 EFP report, only 29.7% of the boys were consistently reported to present no school problems while roughly half of the girls (51.6%) maintained this favorable state. Over half of all subjects (51.6%) were identified as problems by some teachers, but not by others, although the intelligence and achievement scores of these children fell within the normal range. *More than 55% of all subjects who received at least three teacher ratings were classified as a behavior problem by at least one teacher, and 61% of those who received six teacher ratings were considered to present behavior problems by at least one teacher* (Rubin, & Balow, 1977; in press).

These recent findings are particularly disturbing when one considers that this sample of children shows a relatively normal distribution on such relevant characteristics as IQ, achievement, and socioeconomic status and that they attend schools in hundreds of different school districts in the state of Minnesota.

If one assumes that every child a teacher perceives as a behavior problem should have further study of his/her problem, the schools have a monumental task on their hands to try to answer the questions of whether the child *really* has some inherent problem, the teacher's practices are inadequate, or the teacher's behavior tolerance limits are too low or narrow. And the problem presented by the 61% identification rate goes far beyond the service responsibilities of the special education system alone. It raises serious questions about the expectancies and practices of regular educators.

# Section B

## Service Models and Instructional Methods

Chapter V

# Selection of Methods

The methods selected to achieve educational goals should be acceptable to both the members of the community who hold expectations for the schools and the educational personnel who must put the methods into practice. More important, perhaps, the methods should be appropriate to the child's developmental level at a given time and should do him no harm. Some methods may effectively change a child's behavior or accelerate his acquisition of a needed skill at a particular time, but the community, or the child, or his guardian may consider the methods unacceptable because of possible adverse long-term effects on the child's total adjustment. One such method is punishment; it may effectively deter a child's specific behavior in the present but at a future cost that no one is willing to pay. A key question in selecting any method, therefore, is what price are we willing to pay to make the method work?

A general rule for choosing methods to achieve the individual goals of ED, LD, and SM children is to make the choice on the basis of the nature of the problems that led to the initial identification of the children, not the presumed cause of a categorically defined disability. We have already warned that the links between etiology oriented medical diagnosis and instructional need are largely unestablished. Bateman (1973) makes the point that there is no more reason to assume that educational treatment can be predicted from medical diagnosis than that medical treatment can be predicted from which arithmetic group a child is in. Because many children are identified as learning or behaviorally disordered at some time during their school careers for many different reasons, great diversity in instructional needs is almost guaranteed. It seems to be a fact of life that large numbers of children will not be considered to have serious problems until they are confronted with school expectancies. In their longitudinal investigation of the educational and behavioral outcomes associated with prenatal, perinatal, and early conditions and events Rubin and Balow (1971), found that the number of children identified as having school problems signifi-

cantly exceeded the number which had been suggested by preschool testing. As reported in the previous chapter, by the time the children in this prospective longitudinal study had reached sixth grade, a startlingly high proportion (61%) of those on whom teacher ratings were available had been identified by one or more teachers as exhibiting school behavior problems.

The frequency with which educable mentally retarded, learning disabled, and disturbed or maladjusted children are enrolled in special education programs increases with each grade level, even when services are equally available for all grades. Many children who are or have been enrolled in EMR programs do not stand out as mentally retarded in street play, in the adult world of work, or in other life situations. This leads to the question of whether we are dealing with a phenomenon of a "six-hour retarded child" — the child viewed and treated as retarded during the school day but not so viewed in other aspects of his life (President's Committee on Mental Retardation, 1969). In the same way, many parents have not considered their children to be handicapped until the school classified them as learning disabled.

A number of studies have investigated the pupil characteristics which are most likely to lead to a teacher's identifying a child as needing special educational treatment. The problems that teachers consider important enough to warrant special help constitute their functional criteria of "handicap"; at the same time, functional definitions of the problems suggest what methods might be used to tackle the problems.

A study undertaken to improve educational services for ED, LD, and SM children found that difficulty in controlling a child's classroom behavior and child failure to progress as expected in reading skill were the teacher concerns most likely to trigger referral of the child for special education help (Wood, 1961). These findings are typical of the results of later criterion-exploring studies. Either teachers are more likely to feel that they can help children with other kinds of problems, or other school adjustment failures are deemed less significant or urgent. Whatever the factors leading to this finding, it seems reasonable, therefore, to focus on methods for relieving these two problems.

## Behavior Change Methods: Who Can Use Them?

Schools are expected to control and shape child behavior so that the child learns to benefit himself and society. Discipline is a major concern of school people and apparently of the public as well (Gallup, 1976). Teachers sometimes complain bitterly that principals

and parents are more concerned about how orderly and quiet a classroom is than how much and what kind of learning goes on there. If this is true, it is not a hopeful sign. Characteristics other than tight control and orderliness are important to healthy growth and learning in the classroom. A teacher instructs by how he/she teaches as well as by the content he/she presents. The implicit messages in the methods used are often more vivid than the official curriculum the methods are intended to communicate.

Most psychiatrists have available a variety of treatment approaches to improve disturbed or socially maladjusted behavior. They may use direct treatment such as psychosurgery, ECT (shock treatment), drugs, individual or group "talk" techniques, behavior modification, various environmental mental manipulations; or indirect methods, such as telling others what to do to help the distressed or distressing person.

Some of these treatment methods are not open to teachers because they are defined strictly as "medical" interventions which may be administered only by qualified physicians. Psychosurgery, ECT, and drug therapies are examples. A great deal of controversy surrounds the use of the first two. Even qualified physicians seldom use them with adults and rarely if ever with school age children. Some cases are known in which brain surgery has removed or relieved identified brain abnormalities in children, resulting in remarkable improvements in school behavior, but such cases are so unusual that they, like the use of ECT with children, do not even warrant consideration here.

Since drug therapies are a form of medical treatment in which some regular teachers serving ED, SM, or LD children may be involved, a few comments about them are in order. Drugs are more commonly prescribed for adults. A number of psychoactive compounds are now available which help to reduce the confusions of disturbed adults; the patients' behavior may become more tolerable to others and the patients become more accessible to other treatment approaches, such as "talk therapies" or various form of environmental manipulation. Many distressed and distressing children have been helped in similar ways by drugs. A child who is easier to live with is easier to keep in a more normal, open, and free environment, and acceptance by others, as a result of improved behavior, encourages the child to act more tolerably also. Drug therapies have been used with hyperactive learning disabled children with some success; with their use teachers are helped to maintain reasonable order in the classroom and parents are under less strain.

It is noteworthy that the activity level of many children is reported to be more of a problem in school than at home, perhaps because more freedom is allowed all family members in the home. When physicians first tried out drugs with children who were described as learning disabled and overly active they found, to their surprise, that some drugs having a behavior accelerating effect on adults had a quieting effect on some "hyperactive" children. The unexpectedness of this result led to the description of the effect as paradoxical.

One advantage of these drugs was that they seemed to produce less grogginess and dulling of important attentional and response characteristics than other sedative-type drugs. Consequently, such drugs as Ritalin came into wide use with "hyperactive" children.

Drugs have been prescribed so widely for hyperactive school children that public concern compelled professional and Congressional investigations into the legitimacy of their use. People became sensitive to the possibility that the drugs were of more help to parents, teachers, and other caretakers who were sorely distressed by children's aberrant behavior than to the children for whom the drugs were prescribed. This possibility is another example of the central issue to be addressed in all forms of behavior management. Who has a right to limit the behavior of others? Can the controlled person exert sufficient countercontrol to protect his right of treatment choice? (See Bosco & Robin, 1976 for an excellent discussion of the issues raised in the use of drugs with ED, LD, and SM children and educational policy implications.)

It is unwise, of course, to rule out the use of a particular method because it has been improperly employed in some instances. If a treatment approach is sound for certain cases when it is properly applied, it should remain a treatment option as long as its use can be properly controlled. On the other hand, eternal vigilance is required to make sure a person's essential capacities are not diminished simply to make him her easier to live with.

Research indicates that drug therapies, when carefully prescribed and administered, are useful in the habilitation of some children. However, by themselves, drugs do not teach children academic skills, living skills, or how to control their own behavior without dependence on chemicals. In a society that is growing highly dependent on drugs for the relief of many distressing symptoms, to achieve a satisfying state without dependence on drugs is an important goal. Nonchemical methods of helping children to modify their behavior have been developed. Results of their use have been

so impressive that some physicians do not prescribe drugs for children until the parents have been trained in other behavior modifying techniques to prove how much can be accomplished without the use of drugs (Wright, 1957).

A Minneapolis Public Schools special project for children with severe learning problems found that all but 3 of 26 children (out of 57 enrolled in the program over a 3-year period) who were being given drugs to modify their behavior when they entered the program no longer needed to take drugs by the end of their tenure in the program after other behavior modification approaches were applied. Only one of the children continuing to need medication was described as hyperactive; one had uncontrolled seizures and the other a history of cardiac arrest. Three children not on medication at entry were placed on medication during their participation in the program, 2 for seizures, and, again, only 1 for hyperactivity (Blackburn, 1977).

Ideally, drug therapies are employed with ED, LD, or SM children as temporary intervention strategies. In some cases, symptoms can be controlled only through lifetime use of chemotherapy but even in such cases lifetime need should not be assumed without constant reevaluation.

In the long run, every child must learn how to manage his or her own behavior. Children ought not rely upon drugs or other crutches for fulfillment of that responsibility. It is easy for a society that has grown increasingly dependent on drugs to ease psychological or physical pain or to promote tranquility to forget this imperative. A method which is readily available and easy to administer sometimes is favored for its temporary advantages and without sufficient regard for possible deleterious longterm effects. With children, we have a moral and social obligation to select methods that will enhance their longterm development, not our temporary convenience. Thus, many medical researchers have concluded that the preferred treatment for children with learning disabilities or behavior problems is education, notwithstanding the presence of organic etiology (Elwood, 1967).

When a child on drug therapy is in a classroom, the teacher has a responsibility to cooperate with the child's physician and parents in evaluating the effects of the therapy and to capitalize on the drugs' effects to help the child to acquire more constructive coping behaviors. Teachers should confer (either directly or through an authorized school agent, such as a nurse) with the physician prescribing the drug therapy to learn how to determine whether the drug is providing the expected benefit and how educational management can

further the treatment purposes. Every doctor appreciates a teacher's cooperation in the treatment of children and values a teacher's observations on the effects of the treatment.

Although drug therapies unquestionably should be applied only by qualified physicians, other therapies, such as "talking problems out," behavior modification, and environmental manipulation need not be so limited. Verbal interactions, through which attitudes are modified and different views of self, others, the world, and their interrelations are built up are as central to education as they are to "talk therapies." So too are other personal interaction therapies. Parents, siblings, teachers, peers, and all of the others with whom a child interacts punish or reward the child for his or her behavior, but not always consistently or appropriately. Systematic environmental manipulation through which behavior is changed by varying outside stimuli is also a characteristic of good teaching. Good teachers optimize the conditions under which learning takes place, not just by general classroom arrangements but by shrewd management of learning conditions for individual children as well.

Behavior modification techniques represent an application of learning theory principles. Psychiatrists have been sufficiently impressed with the techniques to use them in their practices, although the techniques are fundamentally educational in both derivation and purposes. Psychologists, not physicians, have contributed most to developing these techniques and to testing their applicability to ED, LD, SM, and normal children (e.g. Bijou, 1963; Haring, 1962; Hewett, 1968; Lindsley, 1964; Skinner, 1975). In good special education practice, physicians are consulted to eliminate any possibility of physical cause for the children's behavior or to help estimate the influence of physical causes upon the behavior at issue, but not to determine instructional procedures.

Eminent psychologists have urged their colleagues in the behavioral sciences to share their knowledge and technology with people who are in the best position to put them to good use. The addresses of a succession of outgoing presidents of the American Psychological Association reflect the growing strength of this attitude over the years. As a result of this attitude, many psychologists have shifted from concentration on test administration, child classification, report writing, and direct treatment to indirect service through the education of teachers, parents, and other child care workers in how to apply the findings of behavioral research. Simultaneously, teachers have been recognized as members of a profession qualified to provide certain kinds of therapeutic help to children.

*Teachers As Therapists*

Evidence of the growing appreciation of the value of conceiving teachers as therapists was provided in Hobb's 1966 APA presidential address when he described how teachers are trained to contribute to treatment goals for ED children in Project ReEd (Hobbs, 1966). Miller, in his 1969 APA presidential address, carried the same theme forward by contending that psychologists contribute most productively when they share their insights so that people can help each other. He viewed sharing whatever helpful knowledge the behavioral sciences had to offer as more responsible behavior than keeping professional secrets to preserve an "expert" mystique (Miller, 1969). Tyler's 1973 APA presidential address added to the vitality of such new views of who is qualified to help people improve their ability to deal with the problems of living, to wit:

> The shift to which I am referring is one away from reliance on psychotherapy as the solution to human problems . . . people who realize that they are in trouble and need help are increasingly turning to each other rather than to professional therapists for assistance. Alcoholics Anonymous was perhaps the first herald of this change in the manner in which psychological difficulties were to be dealt with. At first we did not sense how profound a change in orientation it represented. But we are being forced to pay attention to it now ... at the same process has repeated itself with many other kinds of people — weight watchers, heroin addicts, former mental hospital patients, welfare mothers, paraplegics — the list could be expanded indefinitely. These people are convinced that they can get more help from others who are able to understand them because they have experienced the same difficulty than from professional "healers," however competent. . . .
>
> The psychologist in an undertaking of this sort is not a therapist but a consultant. In a group, even one in which the psychologist is nominally the leader, he or she is in fact one of the members, able to make some kinds of unique contributions, just as other individual members have unique contributions they can make . . .
>
> It becomes the professional's job to select out of the store of knowledge and skill psychology has assimilated over the years parts that promise to be relevant and usable in a particular situation. . . . The psychologist does not prescribe but suggests. Decision comes from the group itself. (Tyler, pp. 1022, 1023)

All students, not just those classified as ED, LD, and SM, benefit when teachers acquire certain techniques for analyzing child behavior and learning tasks and managing learning conditions systematically. The methods which were developed in recent years by Haring



30

and Phil[illegible] (1972), Lovitt (1967), S. Deno and Mirkin (1977), among others, help every teacher, regular or special, to do better what he/she tries to do anyway in teaching. The basic techniques can be applied to the teaching of any school skill (focus of attention or concentration, writing, or arithmetic) or academic content of any kind, as well as to the amelioration of behavior problems.

The techniques developed by Gordon (1975), for example, are directed to improving parents' and teachers' ability to listen "with a third ear" to the unspoken messages in what children are saying, and to so respond that children are given insight into the origins of their feelings and understanding of why particular behaviors elicit particular responses. Teachers should not allow themselves to be so awed by the labels on packaged methods that they forget that any approach merely offers a better or more systematic application of what teachers are trying to do all of the time. The Adlerian approach to helping children to grasp the relationship between their behavior and its consequences is another illustration of principles which are applicable to classroom instruction.

A number of investigators are also studying ways to promote children's moral development (e.g. Kohlberg, 1973; Sprinthall, 1976). Of relevance to moral development are the findings that teaching approaches can foster cooperative behavior among children (Johnson & Johnson, 1975). Such findings illustrate that teaching methods convey messages that are important in the development of children's attitudes toward themselves, other people, and life.

A regular teacher should not accept references to unfamiliar techniques or the use of specialized jargon as proof that he or she is not qualified to undertake the instruction of an ED, SM, or LD child in the mainstream setting. It is legitimate for the teacher to ask for an explanation of any concept in plain and simple language, but it is not legitimate for anyone to reject a concept before asking for an explanation. Professional jargon is one of the means specialists use to insure that terms are defined in the same way in their use. Although the jargon may insure communication within the profession, it may also prevent communication with people outside the profession. We should never hesitate, therefore, to insist that specialists talk to us in language that we all can understand.

Regular teachers should realize that the primary purpose of the mainstream setting is not to apply specific methods — the methods often can be applied in any number of settings — but to eliminate unnecessary curricular limitations and to provide a normal environment for all children. The term "normal environment" is used here to mean a setting that includes the usual range of peer behavior and a

teacher who is able to respond to children's behaviors in ways that enhance development. Even if a teacher's view of life differs from that of children in the classroom, the children usually can cope with it if it is consistent. When adults vacillate or are unpredictable in their interpretatons of the world, children are baffled, and the bafflement may lead them to regress in their behavior.

*Teachers' Competencies and Responsibilities.*

Particularly in the preschool and elementary years, teachers are in a better position to control children's learning conditions for longer periods of time than anyone other than the parents. One or two hours a week sessions with psychologists, psychiatrists, psychiatric social workers, or other specialists are no match for the impact of the teacher's 5 hours a day, 5 days a week environmental manipulation. A teacher also is in a better position than any other professional to identify those interests of individual children which can be used to promote skill acquisition, knowledge of self, and positive self-image. Because a teacher controls so much of a child's world daily and weekly, he or she is in a good position to help a child evaluate the effects of his behavior on others and on the attainment of his own goals.

Schools should be places where every child receives the help he needs to figure out and learn how to deal with the world and the ways in which the world works. The classroom can be made a small, manageable world that stimulates the emergence of individual interests and provides the resources and interpretations that are needed for each child to develop a favorable identity. When this goal is promoted for all children in a classroom, special techniques seldom are necessary for ED, LD, or SM children.

It is true, of course, that children with reading, writing, vision, or hearing problems may require some special accommodations, such as the use of oral instead of written communication with visually or reading impaired children and visual rather than verbal communication with children who are hearing impaired. The development of new instructional techniques and media for use in regular school settings has led to different attitudes about who is qualified to teach whom where, and has encouraged the development of different approaches for helping children with serious learning and behavior problems.

A classroom teacher is no longer considered to be fulfilling his/her obligations fully if he/she merely identifies a problem and refers a child out to a separate system or some specialist who is trained to deal only with a particular kind of problem. The current

assumptions are that the regular educational mainstream is the best milieu for treatment through educational processes and that specialists can help more children by helping teachers to acquire the skills necessary to work with the children with problems than by providing direct service to individual children in isolated settings. Referrals for outside service are likely to ricochet back to the schools unless the need for more specialized intervention can be well documented. Court representatives have noted that the treatment options open to the courts are no more or better than those open to the schools. Both must rely upon the same community resources in trying to rehabilitate children whose behavior is socially unacceptable.

Many educational systems are so designed that the regular classroom teacher is the key person in the delivery of an individualized treatment plan throughout the entire period that a child may need help, even when all or part of the instruction must be temporarily delivered outside that teacher's classroom. The expectation in treatment is that eventually the child will be brought to a skill level that allows him to return to and cope successfully within the mainstream. This assumption is based on evidence that this goal can be accomplished for most ED, SM, and LD children when appropriate treatment is provided.

What we are talking about here is of practical import; it is not just a theoretical discussion of academic issues. The Castro Valley program (see Appendix) is illustrative. In that system, state special education aids are used to employ substitutes to release regular classroom teachers to attend conferences on individual children in which the teachers assist in assessment of children's needs and the planning of individualized treatment programs which the teachers then carry out. The skills needed by the teachers to implement the individualized program plans are taught by specialists, and the specialists remain available to provide whatever additional support the teachers may need in or out of the classrom. Both regular classroom teachers and specialists have the same educational goals for the children and subscribe to the same principles for achieving those goals.

## Methods for Teaching Basic School Skills

Earlier it was noted that behavior problems and poor reading skills appear to be the most common functional characteristics leading to the identification of children as problems. This finding is true at every grade level. Although failure in academic areas other than reading is certainly cause for concern, more attention has been given to the problems of teaching reading to learning disabled children

than to teaching any other skill. In fact, the failure to acquire communication skills (both oral and written) is a primary criterion in the official definition of learning disability.

The focus on reading failure has been so intense in the case of LD children that controversy has developed in some school systems over whether providing the special help to promote the skills is properly the province of specialists in reading instruction or learning disability teachers. Since many learning disability teachers were once remedial reading teachers, the issues are even more confused.

In some school systems, questionable amounts of time and resources have been invested in differential diagnosis to determine whether a child is a "normal" child with a reading problem who therefore should be assigned to a remedial reading teacher, or a learning disabled child who therefore requires some unusual kind of instruction under unusual circumstances for a specialist in the education of learning disabled children. This preoccupation with which program should serve the child illustrates a fact stressed previously, that is, how a problem is formulated and what treatments are available through what service channels govern to a great extent what a child will be called and how he will be served.

Differential diagnosis directed to which program should serve a child is reasonable only to the extent that it identifies which teacher is able to provide what the child needs. All constraints must be evaluated carefully. Sometimes a capable teacher is prevented from serving a child by inflexible program regulations that allow a particular kind of teacher (e.g. reading specialist) to serve one kind of child (e.g. normal) but not another (e.g. LD), or that allow state aids to support one form of service (e.g. self-contained special education classrooms) but not another (e.g. resource systems). In many cases, the special education system is equipped to provide more kinds of help for a child than a remedial reading program can muster.

Children with serious reading problems often have other problems requiring special help. This difference in resources may be a valid reason for investing time in differential diagnosis, if distinction is required to gain access to the helps needed. However, we have the right to ask then why scarce resources should be invested in trying to make discriminations that are not essential to determination of which instruction method to use with the child.

Over the years, I have observed investment of distressing amounts of resources in elaborate diagnostic efforts that ended up contributing only to interesting analytic speculation in case conferences because only one method of teaching reading to children

defined as learning disabled was practiced in the school district or clinic. Given the acknowledged inadequacies of the LD definition and the demonstrated variability of characteristics among children classified as LD, single-method treatment defies reason. Investment in expensive analytic diagnosis cannot be defended when no better variation in treatment results from it. One suspects that the diagnostic show is often mounted to meet social pressures rather than choice of methods, that some "hidden agenda" item is involved. Children should not be the victims of nonconstructive territorial rigidities, role controversies, or other social pressures on their service systems. The fact is, however, that all too frequently they are.

Problems of this kind need confrontation and resolution. Cromwell (1976) noted perceptively that many educational actions are undertaken for reasons of umbrage (i.e., to avoid objection or controversy) and exact a heavy social cost.

> All human beings, including professional ones, have defenses and take umbrage in order to survive. If my comments on umbrage have any message at all, it is to accept the fact that umbrage has a role in personal, professional, and national decision making.. Umbrage should not be disguised by claiming the decisions were really based upon broad social value judgments or empirical facts. As well as its relief factors for the professional person, one should realize the cost of taking umbrage. It is a cost to society when one does not choose to battle against society's own pressures. (p. 45)

The Hobbs report (1975) concluded that "classification and labeling become devices to put the appearance of legitimacy on shunting a child from agency to agency" (p. 180). Such practices seem even more reprehensible when they involve shunting a child from program to program within a single agency — the school system — because service criteria are based on what program uses what methods rather than on what service methods a child needs. If a reading instruction method is known to be effective, why should not regular as well as special educators employ it in appropriate circumstances? Project Read, a highly successful special program for children with reading problems in Bloomington, Minnesota schools, is conducted by regular teachers in regular classrooms. Their success confirms that regular teachers can learn and apply different methods in their regular setting. Many projects conducted under support of the Education Professions Development Act have demonstrated similar findings.

*Is "LD" Necessary?*

In an earlier section, it was speculated that the need for a new category of handicapped children might never have been felt if

already existing programs had been able to meet the learning needs of these children who now are defined as learning disabled. If school systems had not been so narrow or rigid about which reading methods regular teachers were supposed to use, or if more emphasis had been placed on training teachers of emotionally disturbed children to be competent teachers of basic school skills (particularly reading) as well as mental health specialists, another type of professional training that emphasized remediation of presumed process dysfunctions (as *many* LD teacher training programs do) might not have been needed.

If remedial reading programs had not fallen into the practice of setting up service-limiting eligibility standards (requiring a 2-year lag in reading achievement, normal intelligence, no serious physical or mental handicaps; dismissing children from the program when they did not show progress (e.g. so that children "more able to benefit" could come off the waiting list); limiting their teaching approaches (e.g. systematic repetition of the instructional methods used in the regular classrooms); or if more remedial reading programs had been available, parents and other advocates might not have felt it necessary to search for better understanding and treatment of the learning difficulties of children who are not categorized as learning disabled. If at that time, schools had been more accommodative to children with reading problems by using oral or visual presentations of academic materials, or more accepting of other ways of demonstrating learning than reading test questions and writing answers or writing reports, a class of children who are now described as LD might never have been labeled as handicapped at all.

All such speculation is just that — speculation — and the LD category or class has come into official existence as a fact of life to be dealt with. We cannot undo history, and we do not know what we want to do. We will never know whether children now called LD would have been better served had the history been different. However, we should beware of some of the factors that contribute to making fractionated service costly, unwieldy, discriminatory, and inadequate — which we are now trying to cure by investment of substantial funds in development of new service strategies. We are constantly having to realign our methods because, fundamentally, the definition of a handicap is never an absolute: it is what we say it is at a given moment. It seems to be very easy for systems and people to forget or ignore that fact.

In selecting the methods we use, we must consider which ones are likely to be most effective, not only in terms of skill achievement but also of how the child will be led to see himself as a result of their

use. Acts speak louder than words and generally constitute a powerful factor which should not be ignored in the choice of methods. For example, if only ED teachers were trained to be superior teachers of reading and all children with reading problems could receive special instruction only if they were classified as ED, it is doubtful that many parents would agree to the price exacted; the stigmatizing effect of the classification could add unjustifiably to the children's already inferior views of themselves. In the long run we can hope to eradicate stereotyped derogatory associations with disabilities; for the present, however, all we can do is to try to protect children from the further handicaps that labels like ED and LD impose. We have to cope now with the fact that diagnostic classifications carry implications of causation, and these implications can distort the efforts of schools to relieve children's learning problems.

*A Community Clinic for Children*

In earlier times in one of the school systems observed, children with severe reading problems were frequently referred to a community child guidance clinic for treatment on the theory that they had "emotional blocks" that interfered with their acquisition of reading skills by the methods used in this district's classrooms and remedial reading services. Referral to the clinic occurred most often when problems in behavior control accompanied the reading problem.

It was argued that such children should have a thorough diagnosis so that the basic problem could be identified and the real cause cured. Children enrolled in the remedial reading programs were not given the comprehensive evaluation that was required for enrollment in a special education program. Vision or hearing problems and mental retardation were most likely to have been identified early in children's school careers and referred to the special education department. "Reading problems" could be referred directly from the regular class to the remedial reading program without intervening diagnosis by school psychologists. (Today, we would expect an adequate assessment to probe deeper than a child's immediate problems with a basic school skill before a program was selected for the child in order to avoid progressive failure in program after program. This safeguard is still difficult to achieve with ED, LD, and SM children because their numbers are potentially large, associated handicaps are always obvious, and school system assessment resources are limited.)

This school system was highly progressive in almost every respect. A generation earlier it had given consideration to the mental health aspects of educational practices. The psychiatrist who headed

the community child guidance clinic involved in this tale had set up in the school system he was now taking to task what was called its Child Study Department. He directed it for several years before he left the school system to establish the community clinic. Thereafter the school system's Child Study Department was headed by a school psychologist, not a physician. During the early 1920s, the school system had substituted "visiting teachers" — now called school social workers — for truant officers, on the grounds that truancy was likely to be a sign of deeper adjustment problems than just dislike of school. This school system worked closely with the Court Services system to facilitate the social rehabilitation of juvenile delinquents.

The community child guidance clinic included a teacher on its diagnosis and treatment team out of keen appreciation of the fact that although educational practices can be part of a child's problem they also can be a most productive part of the problem's solution. The clinic provided both psychotherapy and remedial education for children needing these aids. A striking proportion of the children referred to the clinic from the school system had serious reading problems. The staff teacher was an exceptionally fine reading teacher who was able to operate unfettered by school system reading instruction policies. Because of the success of the staff teacher in teaching the children to read, the clinic was led to question the school system's teaching and referral practices.

Thereupon the clinic called a meeting of school people to report its staff opinion that school personnel seemed to be losing sight of which came first, "the chicken or the egg." Clinic staff concluded that the schools were wrong in referring reading disabled children to the clinic on the grounds that relieving their troubled emotions would make them able to learn to read better. The psychiatrist reported that more emotional problems had been relieved by the clinic teacher's advance of the children's reading skills than by the psychotherapy methods supplied. As reading skill improved the referred children felt better about themselves and the world around them, and their school problems diminished. Psychotherapy, while possibly helpful, could not provide the critical missing skill.

Another significant contribution of this community clinic was its early documentation of the suspicion that how a child's problem is formulated and labeled depends heavily upon which profession does the diagnosis and labeling (Hanvik, Nelson, Hanson, Anderson, Dressler, & Zarling, 1967). Still another was its demonstration of the feasibility and value of teaching parents methods of helping children to learn school related skills.

## Approaches to Remediation

How reading instruction is approached depends on how the act of reading is conceived, that is, on the subskills that are presumed to be involved in successful reading. Some definitions of learning disability are based on deficiencies in "psychological processes" or "perceptual" or "perceptual-motor" abilities as causes of learning disability. There is longstanding belief that it is wiser to cure causes than to treat symptoms. The problem in education is that "causes" are seldom singular or simple and learning goes on as long as life exists. This year's learning problem gets resolved but a new one emerges next year. Cure is relative and it is not always easy to tell when it has been achieved in education.

Educators always hope that ways can be found to improve basic abilities that may be crucial to the acquisition of various skills and knowledge. If this kind of "cure" can be accomplished, a broad range of school problems might be relieved or avoided without a costly, time consuming attack on each separate problem area or the risk of successive failures and their effects on the child. Such considerations have led learning disability specialists to search for teaching methods that would relieve deficiencies in the postulated psychological processes or basic perceptual abilities so that the within-child causes of learning failure could be remedied and learning improved over a wide range of skills dependent on these abilities.

Other workers made less optimistic assumptions about the modifiability of basic learning aptitudes as revealed by diagnostic tests devised to analyze the assumed abilities. These workers tried to employ methods that avoided or compensated for abilities which the tests suggested were deficient and tried to capitalize on abilities which the tests sugggested might be stronger. Some workers tried to develop methods to both remediate basic abilities and advance skills by methods matched to ability configurations in the children suggested by tests.

The methods of Frostig, Kirk and his associates, Barsch, Kephart, Doman-Delacato, Orton-Gillingham, and others that focus on aptitude matching and process remediating methods have come to represent to many people what is proper in the treatment of learning disability. (See McCarthy & McCarthy, 1969, for a brief summary of the underlying assumptions and characteristics of most of the approaches mentioned.) Process remediation methods have been used widely in schools in both regular and special programs as well as in special learning disability clinics. Publishers of instructional materi-

als have mined a lively market in this area of high concern to both parents and teachers. When regular methods fail and the jury is still out on what alternatives may be best, plausible enthusiastic promotion readily influences judgment, and the problem of determining which instruction is appropriate is further confounded.

It is likely that most method developers would be more cautious in their claims than are some of the advocates of their approaches. They understand the limitations of their assumptions. They can no more be faulted for the misinterpretation and misapplication of their assumptions and suggestions than Binet can be faulted for the inappropriate uses of "intelligence" tests that have occurred.

Concurrent with basic process remediation and ability profile-matched instruction has been rigorous testing of what some workers refer to as "direct teaching" and "data based instruction" approaches. In these approaches, the goal is improvement in a specific social or academic skills area — the basic curriculum goals of the schools. The skill to be taught is broken down into its essential components by procedures commonly described as task analysis (see Lovitt, 1967). A child's instructional needs are assessed in terms of his present attainment of the components of the skills and a plan is devised for accelerating the acquisition of components until the skill has been acquired. The instructional plan specifies the materials and other conditions to be employed to stimulate certain responses from the child, and systematic reinforcement or nonreinforcement of the child's responses is provided. Continuous evaluation of the outcomes of the instructional procedures used is part of the design, as is provision for outcome data to be fed back continuously into revised repetition of the instructional sequence and setting of new learning goals.

**Table 1.** Data-Based Program Modification: Program Decisions and Data-Gathering Processes*

| *Decision Area (Question)* | *Data-Gat: ering Process* |
|---|---|
| *Problem Selection*<br>What are the problems that provided impetus for the referral and imply the need for program modification and special education services? | *Initial Needs Assessment:*<br>1. Determine who holds performance expectations for the child,<br>2. measure the current level and direction of the child's performance,<br>3. compute the discrepancy ratio between the performance expectations in the child's environment and the child's actual level of performance,<br>4. establish the importance rating (value) of the discrepancy. |
| *Program Selection*<br>What program plan is likely to be least restrictive and yet effective in solving the referrer's problem(s)? | *Program Planning:*<br>1. Develop possible long-and short-range instructional goals related to discrepancy ratio,<br>2. plan alternative instructional strategies for achieving the goals,<br>3. recommend alternative administrative arrangements,<br>4. estimate time and resources necessary for attaining different goals using different modifications,<br>5. specify forces working for or against different modifications. |
| *Program Operationalization*<br>Is the agreed-upon program modification being implemented as planned? | *Implementation Evaluation (Intervention):*<br>1. Appraise discrepancy between implemented program and planned program,<br>2. ascertain reasons for discrepancy if one exists,<br>3. propose alternative ways to reduce discrepancy betwen planned and implemented program. |

| | |
|---|---|
| *Program Improvement*<br>Does the program modification as implemented appear to be moving us to problem solution? | *Progress Evaluation (Intervention):*<br>1. Appraise progress on short-and long-range objectives,<br>2. propose alternative revisions for programs that, apparently, are not affecting performance greatly. |
| *Program Certification*<br>Were the problem(s) solved through program modification (intervention)? | *Outcome Evaluation (Nonintervention):*<br>1. Determine whether modifications have been successful in eliminating the discrepancies which led to initial referral. |

*Source:* S. L. Deno and P. K. Mirkin, *Data-based program modification: A manual*. Reston, Va.: Council for Exceptional Children, 1977.

This sequence of activities is comparable to what followed in programed instruction. Table 1, which illustrates the sequence employed, is adapted from a model developed for programed instruction (Deno & Mirkin, 1977). The DISTAR reading instruction method is an example of this approach. Other examples are the applications of behavior analysis and contingency management principles to skill learning in ED, SM, and LD children (e.g., Haring & Phillips, 1972; Hewett, 1968).

## Evaluating the Methods

The systematic test of these approaches, in both highly controlled clinic and special education settings and in regular classes has not gone on long enough to permit conclusions on which approach has proved to be most effective to date. From the evidence, we can estimate which methods are most worthwhile for regular teachers to learn and use with children and which are worthy of investment of scarce school resources. A quote from an analysis of published studies summarizes available evidence:

> We have no doubt that any interested person who reads the efficacy literature will conclude that the values of perceptual training, especially those programs often used in the schools, have not been clearly established. If he concludes that such training lacks a data base, he may begin to question the not insignificant fees some professionals charge parents and schools for their services, the purchase of attractively packaged materials which some companies offer teachers along with unsubstantiated claims concerning their merits, the practice of providing perceptual motor training to all school children in the name of readiness training, and the assumption that a lack of perceptual-motor adequacy causes a considerable amount of academic failure. (Hammill, Goodman, & Weiderhalt, 1973, p. 9)

From their own studies and review of the published evidence, Hammill, Goodman, and Weiderhalt (1973) concluded that attempts to train visuomotor processes by such methods as those devised by Frostig-Horne or Kephart-Getman have been largely unrewarding. A 1974 report by Sabatino, Abbott, and Becker indicated that four of the five subtests of the Frostig DTVP test are not important indicators of reading aptitude.

Waugh (1973) concluded that:

> . . . the premise that certain children have a preferred modality that facilitates recall and recognition of words is not supported by these data. Although many tests and remediation programs are sold and many class hours are used to remediate psychological processes, no published research which supports the underlying concept could be located by this investigator. (p. 469)

In an attempt to devise more useful ways of analyzing and describing children's problems for educational purposes, Quay (1968) included personal-social behavior characteristics along with the psycholinguistic characteristics, which are presumed to be tapped by such tests as the Illinois Test of Psycholinguistic Abilities, in his proposed formulation. Five years later he questioned the process dysfunction approach to educational need classification and remedi-

ation. On the basis of the published evidence then available he concluded,

> Exclusively process dysfunction conceptions seem less and less applicable to even a minority of exceptional children as time goes by. With mounting evidence for the effectiveness of arranging the circumstances of learning in dealing with educational problems the utility of a conception placing the focus of the problem exclusively within the child becomes increasingly dubious. (Quay, 1973, p. 169)

The context of this quote makes it clear that Quay was referring to what I have called here data based instructional approaches when he spoke of techniques that "arrange the circumstances of learning."

The use of the deficit concept to identify learning disabled children and remediate their weaknesses has yielded no better results. Deficits are described by Bateman (1973) as the difference between ability potential and actual achievement. Salvia, Clark, and Ysseldyke (1973) concluded from their analyses of the published evidence that

> Deficits may provide the diagnostician with insights about a child which can be refined on the basis of additional data. However, deficits by themselves are too unreliable [to be used] for diagnostic purposes. (p. 308)

Buckland and Balow (1973) reported that within a pool of poor readers, children who fell in the lowest category of visual-perceptual skills on the Frostig Diagnostic Test of Visual Perception gained more from a general language experience than from the highly structured paper and pencil visual training provided by the Frostig Program for the Development of Visual Perception. The authors speculated that low readiness children may gain more from listening and discussing than from visual perceptual experience, but concluded that more research is needed.

A number of research studies suggest that children who show improvement under what are purported to be process remediation programs may be responding, in fact, to more carefully controlled stimulus reward conditions than ordinary teaching commonly provides. Careful control of stimulus reward conditions can improve skill learning whether process deficits are assumed or not, but other unexamined or uncontrolled factors may contribute to the progress as well. Sometimes a new method works simply because it is new and enthusiastically applied. The child gains fresh hope when a novel method is presented with strong suggestion that it will work. However, we cannot depend upon serendipitous findings or uncontrolled Hawthorne effects to develop adequate instructional theories.

Ysseldyke and Salvia (1974) conclude that

> Programs designed to train abilities are at best experimental programs. As such, their implementation in educational settings requires experimental control, data collection, and strict adherence to the American Psychological Association's *Ethical Standards for Research on Human Subjects* (1972) especially those sections dealing with informed consent (sections 3 and 4) and freedom to choose not to participate in an experiment (section 5). (p. 184)

Such words may be hard to accept by educators who are accustomed to having a child's time invested in whatever method a teacher *thinks* will be good for the child. But the words need to be recalled over and over as we move into an era in which appropriate education must be better substantiated than it has been in the past and we are asked to identify high risk children at earlier and earlier ages. Unless we take care, we may make more and more unverified assumptions about our abilities to diagnose problems and deal with them constructively (Schrag & Divocky, 1975; Trotter, 1975).

Ysseldyke and Salvia (1974) warned educators to remember that "to engage in experimentation is science; to bypass experimentation and to implement unvalidated ability training (or other) programs in education settings is both unscientific and premature" (p. 184). Campbell (1969) urged that all educational reforms be conducted as experiments. Responsible attitudes are essential in undertaking educational intervention with the lives of children. Children only grow up once.

The main point to be made about methods is that teachers should look at what evidence is available on the relative merits of various methods and then select the ones that are best supported by clear empirical data from well designed studies. If no such evidence is available, the methods should be either rejected or tried only if suitable conditions exist to evaluate them.

Most of us know how difficult it is to determine the usefulness of teaching methods. We recognize two serious problems: (a) the criterion problem, that is, useful for what? ("We're not just trying to produce a reader, we're trying to promote a satisfying life."); and (b) teachers cannot control and manipulate all the factors that condition a child's learning as readily as the agricultural scientist can who searches for the best methods of growing corn. It is true that both corn and children grow and the growth of both is conditioned by their environments. But laboratory findings cannot be duplicated or tested under complex classroom conditions as they can be in the cornfield.

There is an old story about a farmer who is said to have turned down the help of an agricultural extension agent because he felt that he already knew more about raising corn than he could put into practice. Some teachers, too, may know more about advancing learning than they can put into practice. In general, however, there is a wide chasm between our basic knowledge and our ability to translate it into effective classroom use. The sad fact is that although our basic knowledge is not complete, much of what we do know is not used. Classroom teachers need to participate in the search for more effective methods of teaching children that incorporate all our knowledge and are feasible enough for classroom use so that teachers will use them.

Few teaching methods are as well researched as the methods employed in agriculture, engineering, or medicine. Some people have speculated that one of the reasons education lags behind engineering and medicine in the development of a research based technology is that teachers are not as well equipped by their training as are engineers and doctors to translate theory into practice and to help develop a science of education thereby. This speculation says much about past and present preparation of teachers but it does not negate the proposition that teachers need to be involved constantly in the development and evaluation of better methods. One way to begin is to choose methods on the basis of evidence of effectiveness and not on the basis of the enthusiasm with which a method is touted or of its popularity at a particular point in time.

Children fail sometimes because teachers have been unwilling to try different methods. On the other hand, many educators have been much too prone to follow fads without demanding adequate proof of merit. Hard evidence is not demanded as strenuously for the marketing of new instructional materials as it is for new drugs. Teachers make an important contribution to the development of a science of instruction when they help to test systematically the benefits that children derive from specific methods, but teachers cannot do this research alone.

The soundest position to assume is that the jury is still out on many questions of method selection. On the other hand, it is not correct to say that all studies comparing reading or psychotherapy methods come out the same, with no significant differences in effectiveness attributable to the methods themselves. Some future court case may well "hang the bell on the cat" on that point. And, in building instructional theories, we need to apply Occam's Razor religiously, i.e.: "Entities are not to be multiplied without necessity" (William of Occam, 1280-1349.).

Chapter **VI**

# Conditions Conducive to Successful Mainstreaming

Programs which have been successful in providing education within the mainstream for ED, LD, and SM children share a number of characteristics in common. A brief description of these will be followed by more extensive discussion.

*1. State Education Agency Sanction of Program Goals and Methods*

State education agencies were able to establish regulations that allowed special education financial aids to be used to support special services for handicapped children educated in the mainstream without obvious labeling of either the service or the children as ED, LD, or SM at the local school district level. In all programs observed, state special education laws described the children eligible for special education services by some kind of handicap designation, but assigned responsibility to establish the criteria for inclusion in the categories listed in the law to the state education agency. The agencies had used what legal latitude they had to good advantage for children.

*2. Adequate Alternatives to Mainstream Placement*

Within the limits set by education laws and court decisions, local school districts had organized a wide range of programs to meet the needs of children who required help that could not be provided within the mainstream. All districts had worked diligently to improve the interface between regular and special education operations and school and community services for ED, LD, and SM children. Movement toward more mainstreaming was accompanied by an increase in placement options, not a reduction.

*3. Flexible School Organization*

Local education agencies did not assume that successful mainstreaming could occur under only one kind of school organization.

ED, LD, and SM children have been effectively integrated in open schools, self-contained regular classes, single grade and multigrade groupings, traditionally oriented curricula and free schools. They have been successfully taught by a single teacher and successfully team taught. "The mainstream" can assume many forms. It does not have a common structure; nor are regular education classes organized in the same way from school to school. The mainstream is, however, a system addressed to the learning needs of those children it does not serve in separate special education facilities.

*4. Administrative Commitment*

Principals of schools that successfully served ED, LD, and SM children in mainstream settings were strongly convinced that the least restrictive educational alternative is best for children and possible to achieve. They proceeded from the philosophy that every child's education should be special. They were knowledgeable and articulate about educational issues and informed about means. They varied in the degree to which they considered administrative management or instructional leadership to be their prime responsibility, but in either case they saw themselves more as enablers of others' best efforts than as all-wise technical authorities.

*5. Professional Sanction and Support*

Special education support personnel varied considerably in the extent to which their preservice training was geared to the roles they now played in support of mainstreaming efforts, and in the degree to which they had pursued additional training for their new support roles. However, in many of the programs observed, support personnel such as psychologists, counselors, social workers, nurses, and physicians had strongly encouraged employment of the least restrictive alternative possible in placing exceptional children, and they had worked toward fundamental changes in school practices, including changes in their own roles and functions to facilitate this goal.

*6. Strong Teacher Support Systems*

The mainstreaming efforts of regular teachers were well supported. Carefully developed systems gave teachers easy access to help in designing, implementing, and evaluating instructional procedures for children with special needs in their classrooms.

*7. Effective Procedures for Monitoring Individual Child Progress*

The same system that supported the mainstreaming efforts of regular teachers (as in point 6 above) was generally used to monitor

the progress of individual ED, LD, and SM children in the programs prescribed for them. Successful education of ED, LD, and SM children seemed to be accomplished most effectively when professionals working in related community services (community mental health centers, residential treatment centers, court services, and physicians — family physicians, pediatricians, neurologists, and psychiatrists) understood the basic reasons for educating these children in mainstream settings and supported the approach in their work with parents and teachers of the children involved.

*8. De-emphasis of Categorical Address*

Child classifications required for fiscal reports or other management purposes seldom determined the kind of service that was provided for ED or LD children. Service was geared to functional needs rather than traditional handicap classifications.

*9. Low Profile Service*

Special services were delivered to children with special needs as inconspicuously as possible; procedures called as little attention to the children as could be managed under local school and state education agency policies.

*10. Classroom Assistants*

In most programs, regular teachers were provided with teacher aides and/or volunteers to help them accommodate children with special needs in regular classrooms.

*11. Peer and Cross-age Tutoring Programs*

Peer and cross-age tutors were used effectively to help children with special needs served in both regular classrooms and special settings.

*12. Parent Involvement*

All programs included parents in planning, implementing, and evaluating programs for ED, LD, and SM children. The degree and success of parental involvement varied from program to program.

*13. Continuing Education Opportunity Sponsored by School Systems*

Most of the regular teachers serving ED, LD, and SM children had had some special training to help them deal successfully with these children in regular settings. Sometimes, the training had consisted of special college coursework; sometimes it had been continuous, formally organized inservice training; and sometimes it was the

kind of individual teacher educational consultation referred to in point 6 above. There was considerable agreement on the basic competencies that a regular teacher needs to deal with children with special needs in regular classrooms.

*14. Time and Patience*

Administrators reported that it took several years to shift to more integrated education of handicapped children in regular classrooms and less categorical distinction in service practices in school systems which had operated self-contained, categorically organized, special education programs over many years. They felt that it was easier to develop sound mainstreaming approaches in districts that did not have a longstanding categorical tradition to overcome. However, many effective programs which I observed had gone a long way toward achieving the shift successfully despite a long, categorically organized service history. Successful systems were led by patient, persistent, long range development oriented personnel.

Each of these elements is important enough to warrant more detailed examination of the factors involved.

## 1. State Education Agency Sanction

Stressed throughout this book has been the point that the organization of special services around disability categories can seriously disadvantage handicapped children if not carefully managed. However, to establish controls for the dispensation of special education funds, most state and federal legislation identifies eligible children by categories. This, then, is a reality that must be met. Categorical legislation has resulted in a complicated web of regulations and directives by the agencies charged to implement the intent of the legislation. Sometimes controls are imposed that hinder teachers more than they help them in their work.

When money has been authorized along categorical lines, financially pressed services are under severe pressure to perform as dictated by the funding regulations, whatever professional opinion may advise. What makes the dollars available begins to dictate what children are called and how they are served. Educators may not be able to change the laws, but they can become actively involved in an advisory capacity on such questions as how the flow of money can be regulated to allow more local discretion and still preserve quality control. One cannot fail to be impressed with how flexible and accommodative federal, state, and local agencies can be to what is deemed best for children if they are so disposed, and how sophisti-

cated legislators, attorney generals, and courts can become in meeting the intent of public policy, not just the letter of the law, *if* good direct service practices are adequately defended by sound data and plausible argument. More can be accomplished under existing laws in most places than is being attempted or effected at local levels. There is more legal sanction for individualized instruction in the setting that is most beneficial for each child than most educators are willing or able to honor in practice (Kipp, 1971).

In a number of instances, state laws and/or state departments of education regulations have seriously limited local school systems in carrying out sound conceptions. However, state education agency representatives point out that school districts' requests for the funding of innovative programs often have to be turned down not because they are impossible under existing laws or regulations, but because the requests have not been buttressed by acceptable descriptions of how the intent of the regulations will be met under the modified practices proposed (E. Deno, in Mann, ND).

In some states, it is financially advantageous for a local school district to place a child in one handicap category rather than another. Table 2 reflects the shift in enrollment trends that occurred in two categorical programs after California instituted its new EH (Educationally Handicapped) program category. This broad category includes any child who might be classified as ED, LD, or SM in other states.

**Table 2.** Enrollment Shifts in California Special Education Programs for the Educationally Handicapped (EH) and Educable Mentally Retarded (EMR)

| Years | Educationally Handicapped | | Educable Mentally Retarded | | |
|---|---|---|---|---|---|
| | No. | % of Total | No. | % of Total | Total No. |
| 1968-69 | 35,344 | 38.21 | 57,148 | 61.79 | 92,492 |
| 1971-72 | 58,000 | 60.29 | 38,208 | 39.71 | 96,208 |

Source: B. Keogh, L. Becker, M. Kukis, & S. Kukis. Programs for educationally handicapped and educable mentally retarded pupils: review and recommendations. (Technical Report SERP 1972-A-11) Los Angeles, Calif.: UCLA Graduate Schools of Education, 1972. p. 4

One could speculate, from the table, that pupils who have been less appropriately classified as EMR in 1968-1969 were more appropriately classified as EH in 1971-1972. However, there is also the possibility that fiscal advantage might influence the magnitude of the change between the two periods. Local and state program

administrators pointed out to me that California's local education agencies receive more state special education aid for pupils enrolled in EH programs than for those enrolled in EMR programs. This factor may favor classification of children as EH rather than EMR in that state.

There would be no reason to question the shift in enrollment trend if the funding differential stimulated more beneficial programming, which may have occurred, according to evidence available. Studies indicate that the majority of California districts seldom placed their EMR pupils in a separate special education track after the new guidelines went into effect; typically the pupils were placed in regular classes where they received special help under the EH program. The results supported the aims of the practice (Keogh, Levitt, Robson, & Chou, 1974). Educators I interviewed believed that the fiscal advantage given the EH program was more a reflection of the political strength of the advocate groups promoting the EH service classification than difference in the financial supports actually required by the children in the two categories of handicap. Experienced educators are seldom surprised to find program directions influenced by political clout; indeed, they may even encourage political forces to work for changes in funding conditions to promote what they believe to be better educational practice.

Financial advantage undoubtedly conditions the form given to the delivery of services in all education programs. It is hard to see how differential funding for different handicap categories can do anything but encourage categorization of children beyond the point of real educational utility and long range, social-psychological benefit. The programs that seemed best able to operate on sound pedagogical principles were those that (a) operated under special education laws that provided special aids on the basis of personnel employed or services rendered rather than on head counts of categorically identified handicapped children; (b) were regulated by experimentally minded state education agencies headed by competent, professional leadership; or (c) operated without using state special education aids.

Conditions (a) and (b) characterized several programs I visited. In Illinois, local education agencies (or cooperatives of local education agencies) were able to obtain state special education aid not only for direct teaching but also for support of the salaries of teachers who engaged primarily in educational diagnosis, individual program planning, and facilitative support work with regular teachers and other personnel. At the time of observation, aid for such positions was not granted routinely, however; local education agencies

were required to account for how they deployed the personnel and what benefits for children accrued from their practices over a three year experimental period before state aid support for the positions could be considered stable.

New Jersey law mandates that every child study team include a "learning disability specialist" to assist in problem assessment, program planning, consultation, and inservice training for regular teachers, and other indirect services for children with special needs. State special education aids support this indirect service role. At the time observed, efforts were underway to change the position title to "learning consultant" to make clear that the responsibilities of the position were not limited to children who might be classified by federal definition as learning disabled. The issue illustrates that in many programs around the country, the term "learning disability" refers to a broader range of children than the present official, federal definition of LD includes. For this reason, it may be difficult for these programs to meet the conditions of PL 94-142 funding for LD children and that could be a serious disadvantage to children.

Among programs observed, only the Bear Road Elementary School (North Syracuse, N.Y.) program was operating without state special education aids. The reasons for this were peculiar to the economic base of that one district as that factor related to the amount of state foundation aid received per child for all children in that particular district. The district qualified for more state foundation aid for any child under the general school aid formula than it would have received per handicapped child under the special education funding regulations in vogue at the time.

The amount of general state aid local districts receive unquestionably influences how extensively their services for children are shaped by special education aid related program regulations. Administrators of two programs in one state indicated that they used state special education aids as little as possible in order to avoid the constraints imposed on sensible practice by the operating regulations governing the granting of special aids. This is a sad commentary on procedures that are written, supposedly, to insure high quality programs!

Like the mainstreaming programs for educable mentally retarded children described by Birch (1974), many effective mainstream programs for ED, LD, and SM children also operated on a *quid pro quo basis*; that is, to compensate for the extra effort required of regular classroom teachers to mainstream handicapped children, special education personnel provided some services to nonhandicapped children. In some schools, special education resource teach-

ers helped a limited number of children who did not meet the state's official handicap criteria but who had instructional needs that were similar to those of the handicapped children. In some districts, the special education program distinguished between "officials" (those children listed on state reports by category of handicap) and "unofficials" (unclassified, unenrolled temporary service cases. In most systems, this practice went on with official state education agency blessing; in others, the state agency was aware of and recognized the merits of the practice but could not acknowledge it officially because of constraints in the language of their state laws. It should be emphasized that such trade-offs were practiced not simply to equalize burdens and encourage better interface between the efforts of regular and special education teachers but to prevent the unnecessary stigmatization of the children who received special help. Both reasons seem to be valid justification for the practice.

State regulations differ in the degree to which they allow use of special education aids to help finance employment of nonprofessionals in regular or special classes that serve handicapped children. In most states, special education aids can be so used. In some states, special education funds may be used to support the salaries of classroom aides who work with some kinds of handicapped children but not with ED, LD, or SM children except on an experimental or special approved project basis (e.g. Minnesota). Such discrimination must certainly raise equal opportunity questions.

In some states special education aids can be applied to the salaries of physical or occupational therapists or other essential personnel who work with handicapped children (e.g. Minnesota and Illinois); in others, not. State special education aids can be used in some states to employ substitutes to release teachers for needs assessment work, case conferences, or special training (e.g. California); in most others, not. (See publications of the Governmental Affairs Office of The Council for Exceptional Children for information on special education enabling legislation in the various states.)

Regulations in some states allow conduct of school programs for disturbed children by local school districts in community mental health centers, hospitals, and facilities for delinquents administered by other agencies (e.g. Minnesota). In other states, interagency collaboration in residential programs for either delinquent or disturbed children is less frequent and the school/agency interface depends mainly on voluntary cooperation centered on the needs of individual cases. Funding regulations and agency traditions seem to be the governing factor in the latter cases (e.g. Kansas and Michigan). A few states still lacked mandatory special education legislation at the time

of writing and some still placed services for some handicapped children under the jurisdiction of a noneducation agency (e.g. Ohio).

Newer state legislation such as Massachusetts Chapter 766 which stresses program practices instead of handicap categories may be indicative of future trends. However, laws and traditions are not easily changed. PL 94-142, which preserves the categorical address of previous federal legislation, was enacted after Chapter 766 and continues the categorical pattern. Quicker relief from the constraints imposed by categorical special education laws is likely to come about through change in state education agency program regulations; state agencies can do much to relieve the ill effects of service-deforming, categorical practices.

The impact of PL 94-142 undoubtedly will even out some of the differences in practices observed in different states because the states must comply with the conditions of the law in order to qualify for funds. It would seem that the law's requirement that there be in each state a single line of authority for the education of all handicapped children cannot be met without changing some state laws and agency administrative organization (e.g. Ohio). Other features of the law may have significant effect on the practice of mainstreaming also. How states will be influenced by the contingencies of funding under this law will be governed by how much funding is made available under the law as well as how easy it is for school systems to comply with funding-related federal requirements. The fact that funding under this law must be based on counts of children identified as handicapped may work against such goals as flexible programing and maximum feasible delabeling. However, the requirement that children be served as individual learners rather than handicap types and the due process requirement may temper this danger. Nevertheless, if funding and service are limited to only those children who are formally or officially classified as handicapped, conceiving the children to be the problem when school difficulties occur is encouraged. The results of research (Jones, 1974) suggest need for caution in labeling very young children as ED or LD and providing them with too highly specialized services because the children's growth and learning problems may be compounded thereby.

Until we have better evidence that special treatment produces superior benefit, and until we can be sure which children will benefit from early identification and intervention, labeling children or making them conspicuous by the kind of services they receive should be avoided as much as possible. We can hope that the new law will not only support but encourage enhancement of the total

learning environment for young children with special needs. On the basis of available evidence on how good results are most likely to be achieved for such children, it would seem wisest to enroll preschool children who present beginning signs of emotional, social adjustment, language development, or hyperactivity problems in regular nursery schools with special education aides to help the regular teacher work with the children as needed in that setting.

"Social Maladjustment" is seldom a preschool phenomena since the classification occurs most often in connection with child delinquency. The probabilities of behavior improvement through maturation and of improving learning under advantageous environmental conditions are considerable for these children. Our tools for identifying the children who cannot respond to good normalizing conditions are still too weak to risk the undesirable consequences that may be set in motion by labeling and segregation at too early ages.

## 2. Placement Alternatives

In the early days of special education programs, the predominant forms of service were special schools and special classes, sometimes under the jurisdiction of the education system, sometimes not. Placement in these programs was, and still is, usually controlled by the agency that administers the program. In principle, wherever instruction rendered and adequately supervised by a recognized public education system takes place can be considered a school for funding purposes. Hence, schooling increasingly has been made available to children and youth who have been placed in settings by nonschool agents. The most common illustrations are placement in correctional institutions by the court and hospitalization or special residential placements made by physicians for medical treatment purposes. Application of this principle has also facilitated development of on the job training opportunities by the schools in a variety of community work settings; in such cases, however, assignment to the program is made by the education system.

In most of the effective programs observed, educators responsible for programs for ED, LD, and SM children were proceeding on the assumption that how such children were to be served should be governed by what had to be done to control the conditions essential to achievement of specific learning goals for individual cases. The physical placements and methods of service delivery thought to be needed were not predicted from handicap classifications or from routine assumption that all children with special needs should be assigned to special education programs. If a child's needs could be

met just as well under regular program conditions, placement and support services were structured accordingly. Alternatives for controlling learning conditions were available which allowed for varying degrees of separation of the child from typical or mainstream learning conditions, according to the kind of environmental control thought necessary to promote specified learning goals. This practice is consistent with the special education service administrative policies recommended and adopted by The Council for Exceptional Children in 1974. Figure 1, which is taken from that policy statement, reflects the range of service alternatives available in most of the programs observed for this book.

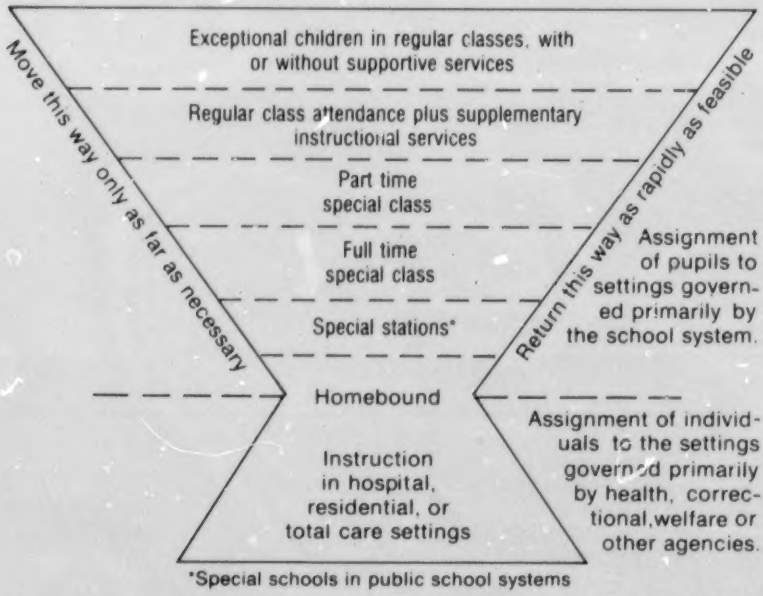
Exceptional children in regular classes, with or without supportive services
Regular class attendance plus supplementary instructional services
Part time special class
Full time special class
Special stations*
Homebound
Instruction in hospital, residential, or total care settings
Move this way only as far as necessary
Return this way as rapidly as feasible
Assignment of pupils to settings governed primarily by the school system.
Assignment of individuals to the settings governed primarily by health, correctional, welfare or other agencies.
*Special schools in public school systems

**Figure 1.** The Cascade System of Special Education Service (Deno, 1970).

In all of the programs observed, as much service as could be provided in the mainstream was offered there instead of taking the child out for help. The preferred approach was to set up conditions carefully in that setting so that desirable behavior was more likely to occur and be reinforced by ongoing classroom practices. Only when this approach proved to be insufficient, after sustained effort to make regular program conditions more conducive of that end, was a child moved into a more restrictive or separated service setting. Lines

between the levels of service suggested in Figure 1 were kept fluid and deliberately blurred in many programs in the hope of limiting the possible stigmatizing effects of receiving special help from a special teacher in the regular classroom or in a different room.

In schools served by the North Suburban Special Education district, headquartered in Highland Park (Illinois), building based special education resource teachers went into regular classrooms to provide extra instruction in subject matter and basic skill areas for both unofficial service recipients (children who are not tested and classified as handicapped on special education reports) and official recipients (children classified as handicapped and officially enrolled in the special education program). This practice was another way of trying to communicate that children who receive special help are not strange creatures, that everyone needs help in learning some things, sometimes, because no person is equally apt in learning all things.

In many of the programs observed, children who were housed in reception centers while awaiting court disposition or placed in correctional facilities because of delinquent acts were provided with educational programs by the local school districts in which the facilities were located. State laws usually allowed the children's home school districts to be charged with the tuition costs in cases where the facility in which the child was placed and served was not in the child's district of residence. Similar practices were followed when children were homebound in either their own homes or a boarding home, confined to psychiatric hospitals, or assigned to residential living centers for treatment purposes. Such arrangements are common in the case of serious emotional disturbance, chemical dependency, or pregnancy among school age unwed girls. This kind of interagency cooperation for total treatment purposes was undertaken to facilitate the quickest possible movement of the children and youth involved to less unusual, less restrictive settings.

In practically every program observed, the special centers or classes used for intensive diagnosis or treatment were housed in regular school buildings to limit the possible ill effects of placement in segregated facilities for abnormal children. In most programs, effort was made to give children assigned to special settings some association with normal children, but not always by integrating the special children in regular classes. In some cases, the association could be accomplished only by having "normal" children tutor their handicapped peers or join in other activities with them in the special settings.

Strong efforts were made to include at the local building level as much as possible of the range of services illustrated in the cascade to ease child movement across the levels of services. Most of the programs observed were working toward making a special education resource teacher available in every school building. This was part of their consistent effort to maximize service and accountability at the child level and site and to minimize need for referral out of the mainstream. Resource teachers functioned in various ways to accomplish this end. How they operated varied with the roles and functions which were conceived for their position by the system of delivery followed in the district and with the competence of teachers to carry out possible resource services. Jenkins, Mayhall, Peschka, and Jenkins (1973) describe some of the most common forms given to this role in the schools. The publication, *Instructional Alternatives for Exceptional Children* (Deno, 1972) describes strategies that have facilitated effective building functioning under maximum integration conditions and which have helped to ease child movement across the levels of service illustrated by the Service Cascade (Figure 1).

Building based resource programs were the most common form of delivering services to ED, LD, and SM students in the programs I observed. It is rapidly becoming the most common form of special education services to all but the most seriously handicapped children. In the case of seriously handicapped children who require education in special settings, the schools generated many good opportunities for interaction with normal children. When the special units were housed in regular school buildings, interactions with normal children were more easily contrived; yet normalizing experiences were being accomplished even in segregated facilities. Regular pupils came to the segregated setting to help with the instruction of the handicapped children on either a volunteer or course credit basis.

At the time I observed their program, the North Syracuse (N.Y.) school district provided only two special classes at the elementary level. They were housed in a regular elementary school administered by a principal who was qualified and experienced in both regular and special education. Service in the mainstream was assumed to be best for all handicapped children, and it was assumed further that every child's education ought to be special, that is, personalized by being tailored to his or her particular needs. Mixed age groupings, team teaching, and other strategies were used to facilitate these goals. Learning resource teachers served handicapped children in both regular classrooms and a building based

learning resource center. Many of the regular class teachers had special education training but not all learning center teachers were certified as special educators, however. Some were instructional specialists in specific curriculum areas (e.g. reading, art) who had shown special aptitude in individualizing instruction.

Children assigned to the two special classes were obviously and seriously handicapped. Nevertheless they were given as much opportunity to participate in mainstream activities as could be managed for them, and more opportunities were contemplated. Normal children helped to meet the needs of the handicapped children in the special classes. Parents and other volunteers assisted throughout the school as classroom, library, and materials development aides, playground monitors, and the like. They helped to develop a community philosophy that being handicapped need not mean being unlovable or unacceptable in the community.

Many of the administrators whom I interviewed told me that how far the mainstream can stretch to accommodate difference is determined by community attitudes, not just school program design. They expressed the hope that helping young children to learn that they need not be frightened by differences in people's physical appearance and behavior, and to learn how they can help people with their problems might make them as adults better able to deal with differences in people's needs when it was their turn to make social policy decisions at the polls or elsewhere.

Better integration of school resources with those of other community agencies that provide treatment related help to ED, LD, and SM children was seen as a logical way for all the agencies to improve their impact and extend their resources. The Hobbs (1975) report laments that there is not a single access point to which parents can turn for comprehensive help, and that "everyone likes to coordinate but no one likes to be coordinated" (p. 1186). The effective programs observed had gone far in achieving close working relations with community agencies to facilitate movement of children across the service levels and lines (Figure 1), but coordinated or single point service access systems were rare. Educational systems seemed to be primary facilitators of service because they are the one agency serving all children. Careful interface of finances and service of a number of agencies was typical in many programs (e.g. Minneapolis and Roseville, Minnesota school districts).

Need to develop programs to facilitate provision of the least restrictive (i.e., most nearly normal) environment possible for handicapped children has become a meeting ground for agencies involved in comprehensive planning and delivery of human services. What-

ever their service focus may be this consumer right is common to all. In some states and communities, the efforts of school systems to individualize service have been facilitated by individualized service philosophy and operation according to the least restrictive alternative principle in other child serving agencies. In other states, less interagency coordination seemed to be in effect. Because the recent federal funding of a variety of human service programs has been made contingent upon appropriate comprehensive planning and individualized programing, better interagency service should develop in all states. These requirements reflect recognition of the need to close service gaps, reduce fractionation of service, and make systems more accountable in their practices. In criticizing the constraints which too detailed and narrow regulations impose it is well to remember that many of these restrictions have come about because of abuses occurring under previous operating conditions.

### 3. Flexible Organization

ED, LD, and SM children were being educated successfully in mainstream settings described as open schools, free schools, continuous progress schools, traditional schools, and many variations thereof. Schools described as open schools were as significantly different from each other as conventional, age graded schools were. This makes it impossible to generalize that one type of organization is intrinsically more conducive to successful mainstreaming.

In programs in open schools, teachers and support personnel (including principals) reported that they found the open school approach particularly advantageous for accommodating children with special needs. They felt that the open approach helped to make differences more acceptable and less conspicuous. All workers in these schools had also had experience working in conventional (nonopen) school structures. In the more traditional age group organizations personnel had so contrived their learning settings and procedures that individual pupils had about as many environmental options to draw upon as children in the open systems, and the teachers were comfortable with the organizational framework in which they were working.

One of the districts observed was operating schools employing several different approaches (traditional, open, continuous progress, etc.) under the federal Experimental Schools Program. A purpose of providing these alternative schools was to give parents more choice in determining what educational approach should be used with their particular child. All enrollments in alternative schools are by explicit

parent choice. The question of whether mainstreaming is more effectively accomplished under open or more conventional school organization is not a central issue in this district's experiment with alternative schools but the findings are likely to contribute data on the question. Outcomes under the various educational approaches are being systematically evaluated and reported (Minneapolis Public Schools). This district's experiences with the alternative schools program have been so encouraging that the options are being installed in every area of the district. What may be involved, of course, is that children achieve no better in one setting than another but parents like having options available, and parent attitude can be vitally important in how a child likes school.

Until the results of more controlled comparative studies are available, there is no empirical basis for judging whether mainstreaming is more readily accomplished in open or traditional schools or any variations on those themes. Participants' impressions are conditioned by many factors, including the philosophies, preferred learning styles, and teaching skills of those making the judgments.

Physical characteristics of the classroom, class size, the school system's basis for classroom grouping, basic organization (open or traditional), instructional supplies, aids ordinarily available, and social background and school achievement characteristics of pupils, are all placement concerns. There is no clear evidence on how each of these factors should be weighted in trying to predict whether a mainstream program should be attempted for any one child. However, the factors probably run a very poor second in importance to regular class teacher skills and attitudes.

Most studies of class size indicate that elementary teachers tend to teach no differently or more effectively in smaller classes than in the standard 30 pupil class. However, Scriven (1976) points out that since most of the studies compared relatively small variations in class size, we do not know what the effect on teacher effectiveness might be if staff/pupil ratios were significantly reduced.

The teachers whom I interviewed considered class size to be an important variable, but they conceded that the number of children they could handle effectively was heavily conditioned by other factors, such as how much classroom experience they had had, whether team teaching was used, and the amount of supportive help that was available to them (classroom teaching aides, special education resource teachers to prepare special instructional materials, parttime, supplementary special education help for particular children, physical education, art, music or other specialists who worked

with groups of children in other building stations during the day, etc.). Experienced competent teachers were inclined to extend themselves considerably to provide individualized instruction for impressive numbers of children; however, they were free, in the programs I observed, to indicate when they felt they had reached their accommodation limit. The system respected the teacher's judgment and acted on it. That factor, rather than the organizational form the program assumes or actual class size, may be one of the most critical elements in successful mainstreaming.

## 4. Administrative Sanction

The critical impact that a building principal can have on children's school experiences is so well recognized that it hardly needs emphasis here. The principal of a building has the power to make or break staff efforts to individualize instruction and provide more normalizing experiences for children with special needs.

I was highly impressed during my observations with the sensitivity to total child development needs which was manifested by the principals of schools providing programs for ED, LD, and SM children. The ease with which the principals articulated their theoretical bases for individualizing instruction for all children and for providing maximum feasible behavior-normalizing experience for ED, LD, and SM children led me to believe that they had contributed substantially to the reputed effectiveness of programs in their buildings. It could be, of course, that what appeared to be unusual educational leadership capability among these principals was more of an ability to articulate ideas (a possible factor in their selection for principal positions) than practical ability to foster realization of mainstreaming goals. However, direct observation of children in these schools and the unsolicited praise of the principals' contributions to programs' successes volunteered by regular and special teachers as well as special education program administrators, indicated to me that these principals were very good at helping staff put into practice the goals and methods they advocated.

In the schools I observed, building principals exihibited a higher rate of unusual leadership capability than I had noted in past observations among the general run of school programs for children with serious learning and behavior problems. The difference may have been a function of the method used to identify programs to be visited for development of this book. Whatever the reasons for their competence, the principals had many characteristics in common which are worth noting.

The principals whom I interviewed defined their primary responsibility as facilitating the work of building staff through management procedures that helped the staff to make the best use of their time and skills and provided opportunities for staff to grow daily in their ability to meet individual child needs. The principals varied in the extent to which they felt competent to provide direct technical assistance to teachers, other staff, or parents on how to deal with the needs of exceptional children. This variation in confidence seemed to be related to how much training and direct experience they had had in working with exceptional children. Those who did not have as much background in this area were skillful in devising other means of meeting staff technical assistance needs.

All of the elementary principals indicated good understanding of general child development needs. Their descriptions of what they tried to encourage in school practices were highly child oriented. Secondary principals talked more about the case management problems that grow out of secondary school programing practices, that is, the problems precipitated by assigning students with problems to different classes throughout the day which were taught by different teachers prepared professionally to deal with particular subject matter areas rather than total student development. Secondary principals perceived the elementary school system as more total child oriented. Both elementary and secondary school principals saw much value in building based resource systems that gave students supportive teachers to relate to on a continuing basis and places where the student could readily get special instructional help. Secondary school principals considered such resource systems to be especially important because, in their opinion, secondary school teachers who are oriented to subject matter seldom possess the skills required to help students improve basic skills such as reading or math, or have the time or means to provide an emotionally sustaining relationship with individual students.

Most of the elementary school principals had participated in planning and implementing staff development activities, and many had provided some of the inservice instruction. Many had been involved in design and development of systemwide or statewide services for children with severe learning and behavior problems. Some had been involved in comprehensive community planning activities for such children. A number of principals at both elementary and secondary levels had worked over extended periods of time with university based consultants employed by their school districts to help redesign or develop districtwide programs for disturbed and learning disabled children. Dr. William Morse (University of Michi-

gan) had worked for several years to this end with principals and other staff of the Livonia Public Schools, and Dr. James Chalfant, while at the University of Illinois, had worked extensively with staff of the North Suburban Special Education District and the schools served by that District to conceptualize the Developmental Learning Services program and other aspects of that regional unit's service.

The commitment of principals to facilitation of staff effort was obvious in how they carried out their roles. They were partners with building staff members rather than authoritarian, omnipotent conveyors of orders flowing down from higher administrative levels. Principals conveyed respect for staff front line responsibilities and judgment, confidence in staff, ability to find solutions, and a strong commitment to helping staff put their ideas into play. The approach employed resembled what Bennis (1965) describes as a postbureaucratic model which uses ad hoc task forces to develop solutions to operating problems. The building oriented organization of support services facilitated involvement of some task force members in the implementation and evaluation of experimental efforts. With priority given to professional leadership, routine administrative responsiblities were often delegated to assistants. An illustration of one elementary school's approach to helping building staff develop better mainstream accommodation to the special needs of children is reported by the school's principal in *Instructional Alternatives for Exceptional Children* (Lindsey, in Deno, 1972).

## 5. Professional Sanction

Interdisciplinary diagnosis long has been considered essential to planning for ED, LD, and SM children on the assumption that a broad range of expertise is required to understand what causes malfunctioning and to predict treatment needs. These assumptions reflect concern that no aspect important to the child's total functioning should be overlooked. Many school systems have tried to build a wide range of specialized services into their staffing patterns. One of the arguments for creating larger school districts or developing interdistrict service units is usually that the larger unit enables more specialized services.

In their role as referral pivot, social workers have worked closely with classroom teachers to increase their understanding of family and social factors that might be contributing to children's problems. Serving in this catalytic, interpretive role, social workers are in position to be highly influential in shaping problem definition and

treatment course for children with social, emotional, and learning problems. Thus, the beliefs of a school social worker about the causes and treatment of children's problems are important in whether mainstreaming philosophy and practice prevails or is successful when attempted.

Psychologists have been widely used and are highly influential members of interdisciplinary teams serving exceptional children. The information derived from psychological testing has been such a critical element in determining a child's eligibility for special education service that it is not at all unusual for a teacher to report that the school psychologist is the one who determines whether a child receives special education service and the program or class to which the child is assigned. Psychologists and school administrators may reject this account and insist that the psychologist only supplied information for the administration to use in arriving at a placement decision. But the perception of school psychologists as gatekeepers to the special education program persists; it may be a more accurate picture of what occurs than what the administrative chart says about decision flow in the system. The role of psychologists in the conduct of special education services has been examined in such detail in the last decade that little need be said here about this profession's potential for influence in the application of the least restrictive principle to treatment practices.

In some very important ways, the professions of school psychology and school social work were shaped by earlier training into what some people describe as a medical model approach to treatment of ED, LD, and SM children. In earlier days social workers, sometimes called visiting teachers, were required by some states to have training and experience as teachers to achieve certification for work in the schools. In a few states school psychologists have been expected to have training and experience as teachers. Teacher training and experience is not prerequisite to the award of diplomate status in school psychology from the American Board of Professional Psychology.

When school social work became a specialization within the broader field of social work preparation, the new training drew heavily upon the theoretical approaches to problem diagnosis and treatment provided by psychiatric social work. Commonly, these were the theories about cause and treatment employed in medical clinic based psychiatric practice.

The psychodynamic theories of personality development that focused on early parent-child relationships (Freudian, etc.) sometimes diverted attention from the critical role that practical skill

learning can play in a child's behavior at home, in school, and in the neighborhood. Concentration on difficulties in parent-child relationships and on the importance of the early years to ego development sometimes overshadowed consideration of the extent to which family problems, like problems in the education system, reflect the stresses and strains in society itself — not just parental ineptitude, and the clouded extent to which parent behavior can be a function of child behavior.

Working as they did under medical supervision, psychiatric social workers tended to approach mental illness through the model of physical illness, a practice that assumes that the cause is in the sick person and that diseases are cured best by referring the "sick" person to the specialist trained to diagnose and treat a particular kind of disease. Whether a social worker works with the schools as a school staff member or as a representative of an outside agency providing some facet of service to a child, the social worker's orientation can be very influential.

In its beginnings as a service specialty (around the mid-1950's), school psychology was a spinoff of clinical psychology training in most colleges. Like psychiatric social work, early clinical psychology practice was carried on mainly in medical settings under medical supervision. Although some school psychologists were once teachers, and expected to return to work in the schools, their school psychology training usually reflected the medical orientation of its clinical psychology base, and their preparation required practicum experience in a psychiatric clinic (and in many training programs it still does). This is not necessarily bad; school psychologists need to understand fully the range of treatments available. However, while few school psychologists fail to take courses from the clinical psychology sequence as part of their training in colleges which provide training in both specialties, few clinical psychology training programs require their trainees to take educational methods courses or courses in educational psychology. Yet clinical psychologists working out of child guidance or mental health clinics may devote significant portions of their time to working with children, their families, and their teachers on school related problems under current community psychology models.

School counseling received its impetus as a specialized role within the schools in the post-Sputnik era when there was great public concern about the need to identify youth who were capable of pursuing science careers in order to overcome the country's presumed lag behind Russia in science dependent technology. The financial support provided by the National Defense Education Act

fostered installation of training programs for school counselors that emphasized testing for career planning purposes. The work of counselors in the schools was heavily shaped by this search for science talent and by the need of school systems to adapt student schedules to graduation requirements, college entry, and other student career objectives.

All within school support professions have done much soul searching recently about how their roles and functions should be cast in the schools as opposed to how school administrators might like them to operate to ease school management problems. In practice, the current trend is clearly toward an educational model of service which emphasizes learning in the development of behavior tendencies and assumes that children are likely to be better served if psychologists teach those primarily responsible for child care what the behavioral sciences can contribute to the relief of educational problems instead of just providing direct diagnostic and treatment services to clients with problems (Hobbs, 1966; Miller, 1969; Reynolds, 1971; Tyler, 1973).

School counselors have felt the impact of the profound shift in young people's concern about how they ought to be educated to survive psychologically as well as economically. The preoccupation of youth with personal self-realization and their recognition that a college education may guarantee neither employment, a high income, or a satisfying life, has changed the counselor's task. In some school systems counselor roles have been modified to include individual and group counseling on personal problems, with career counseling as one aspect of rather than the primary reason for the counseling. Changes in the professional preparation of school counselors also includes development of competence to help school colleagues to work together more effectively through training human relations, group process activities, and consultative approaches (Parker, 1975).

Use of the least restrictive alternative in educating children is being stressed at a time when schools are still staffed with some professional personnel who were trained in earlier times when medical model training was dominant. It is not surprising that there is a profound conflict between medical model practitioners and staff personnel who espouse *in situ* treatment and placement of pupils according to the least restrictive alternative principle. While gathering material for this book, I was permitted to sit in on a pupil placement conference that illustrates the conflict.

*A Case of Medical vs. Educational Model Conflict*

The conference in a North Syracuse school centered on an 11 year old boy who had been cared for in a succession of foster homes because of neglect and physical abuse by his parents. The last foster home placement by the welfare agency, made 3 months previously, had shifted the boy to a school district in which the approach considered best for most handicapped children was placement in a regular class with supportive special education services supplied as needed. On this assumption, the boy had been assigned to a regular fifth-grade classroom where he was receiving individually tailored service from both his regular teacher and a building based special education resource teacher.

The resource teacher had made an intensive study of the boy's current status in basic school subjects and social skills and estimated his learning needs to supplement the extensive psychological, social history, and other educational material accumulated in the child's file over the years. She had observed the boy's behavior in the classroom, discussed her observations with the regular teacher, and shared her hunches of what might be accomplished realistically within the regular class to help him. Further, the two teachers had outlined the resources the special education teacher would supply to support the classroom teacher's efforts.

The conference of the school district's placement committee had been convened at the request of the welfare agency social worker who was assigned to the case. Because the boy had spent most of his school years in special classes for learning disabled or emotionally disturbed children, the social worker was concerned that the boy might not be receiving the "treatment" his serious social-emotional disorder required if he were not placed in a special class taught by "a certified teacher for the emotionally disturbed."

Present at the conference were the school district's regular placement committee members: the director of special education for the district, a principal who represented the school administration, and a school psychologist. As in all planning conferences in this district, there were also present the regular teacher to whose room the child was assigned, the building's special education resource teacher, and the principal of the school to which the boy would have to be transferred if he were assigned to a special class. The principal of the child's current school happened to be the regular administration representative to the districtwide placement committee.

The conference began with an account of the boy's behavior in response to his current program and an analysis of how he was benefiting. It became clear that the boy's regular teacher was accept-

ing both his endearing and frustrating behaviors, respecting him, and loving him in a constructive way. She reported that his classroom behavior had improved noticeably during his time in her room. It appeared that the special education resource teacher had acted responsibly in the placement in terms of the district's service policies and its definition of her role and function. The actual competence of the teachers involved could not be judged at this hearing. The participants described what they did; nevertheless, from these descriptions it seemed to me that if their moment-by-moment responses to the boy's behavior matched their verbal reports, the boy was lucky.

The principal of the possible receiving school asked why a different placement was contemplated; in his view, the present school seemed to be providing precisely the kind of program that he would organize for the boy in his building. He asked for specifications of the help that the child was expected to receive in his school which was not being given in the present school.

It became clear, then, that the agency social worker believed that unless the boy was served in a special class, as he had been in the past, he could not receive the kind of help he needed. He was unable to be specific about what was lacking. He simply found it hard to conceive of a regular class as an appropriate, therapeutic environment for a disturbed child. In his traditional or medical model approach to treatment, the boy was sick, and treatment was not being provided if the sick child was not sent to a special setting where he could be served by a specialist who was "qualified to treat that kind of disease." The worker was seeking the boy's transfer to the other school because it housed the only self-contained special classes provided by the district.

Conference participants labored to communicate their philosophy that a developing organism seems to have a natural tendency to cure its own aberrancies given felicitous conditions of learning and growth, and their belief that better learning and growth conditions could be provided in the mainstream than in a segregated program. The social worker remained unconvinced.

When the principal of the possible receiving school reported that the special classes in his building contained only severely retarded and multihandicapped children, the social worker postulated that it might be beneficial for this boy, who for good reasons had a poor opinion of himself and exhibited lack of self-confidence, to be in a class in which he was more able than all the other pupils. He had no ready response to questions of why such a placement might not lead the boy to conclude that adults thought him to be as incompetent as

the other children in the class and encourage him to act in keeping with that conclusion.

As the conferees moved toward a decision, the social worker expressed annoyance at having "wasted almost half a day with nothing helpful being accomplished for the boy." He left the meeting in obvious frustration.

The principal of the potential receiving school left at the same time because his role as informer was completed. Before departing, he said that any child was welcome in his school; if the district placement committee decided to transfer the boy to his building he would certainly welcome the boy and help the staff do their best to serve him well. However, he indicated strongly that the boy, if assigned to his school, would not be placed in the special class of severely disabled children but would be programed much as he presently was. And he questioned the wisdom of changing the boy's school placement just 6 weeks before the end of the school year, particularly since the boy was improving and maintaining good behavior in a regular class setting for the first time in his school career.

I did not stay to hear the placement committee's final decision, but I have strong suspicions what it was.

The orientation of the outside agency's social worker in this instance was not typical of the attitudes and practices I observed among school social workers in the exemplary programs I visited. In those programs, interdisciplinary support for educational model principles was strong and consistent. The professional support personnel involved often had been leaders in the movement to share expertise with basic caretakers, strengthen community based treatment, and provide education for more children in the mainstream. The psychologists whom I interviewed seemed relieved to relinquish their traditional testing role to teacher shared assessment approaches which they had helped to devise, install, and evaluate. They had learned to appreciate the contributions of special education resource personnel to assessment of children with problems and to improving teachers' instructional abilities in basic school skills, an area in which even experienced psychologists often felt uncomfortable. Thus, they were left free to provide other kinds of educational services within their competence range.

Social workers played different kinds of roles in case assessment and on program planning teams, although their focus remained on social background factors. Some social workers supplied therapeutic group sessions for young children. Counselors were doing what they could to relieve the Procrustean bed of curriculum, course, and

diploma requirements to allow better tailoring of school programs to individual needs. Many counselors were trying to provide as much individual and group counseling as they could within their already seriously overloaded schedules.

Mainstreaming efforts falter when the many professionals trying to help teachers are marching to different ideologic drummers. The best programs that I observed had taken strong measures to resolve this problem so that ED, LD, and SM children were not the victims of philosophical conflicts, professional turf disputes, or competition for authority and power.

## 6. Support Systems

None of the successful programs observed expected regular teachers to serve ED, LD, and SM children without strong support of their efforts. Program workers testified to the critical importance of this factor. Reports of research confirming the importance of this element have begun to appear in the published literature (Cegelka & Tawney, 1975).

Staffing patterns were structured to help carry out ongoing assessment of a child's individual needs, to design and implement individual child programs, and to evaluate a child's progress in the programs prescribed. In addition, this backup staff system usually helped to provide inservice education opportunities, assist in the design and implementation of overall program evaluation procedures, and insure that due process rights were preserved in serving the ED, LD, and SM children. The responsibilities of these backup systems were clearly defined. Figure 2 illustrates a commonly employed backup service structure.

The numbers merely identify the boxes; they are not intended to indicate decision and responsibility flow although there is some congruity with the order. Solid lines indicate the typical direction of the flow of authority. The program review teams (B 4) usually represent the central authority of the local education agency rather than an individual school. However, the building principal is also a central office authority representative and often acts as the "quarterback" of review team conferences on pupils in the building. Although it is traditionally assumed that local school boards are the ultimate policy-setting authorities of local education agencies, many policies relative to the concerns of this book are now set by state and federal education laws and agencies. The result is that although local education agencies are assumed to be independent (not satellites of the state education agency), they are responsible for executing so many

state and federal education laws and regulations which have the effect of law that local authority is becoming increasingly diminished. Due process requirements, recently established by PL 94-142 and new laws in many states, are likely to make it necessary for the kind of review team that is represented in Box 4 (Figure 2) to meet decision and quality monitoring responsibilities for the local education agency, not just for the particular school building to which it may be providing support help at any one point in time.

In setting up these backup support systems, the following assumptions governed designs:

- Classroom teachers are the heart of the educational service system. All other personnel, including administrators and special education resource teachers, should be regarded as support personnel. Thus, regular teachers must participate in the design of the support services so systems are workable and supportive in their effects.
- Advice and pressure on teachers to perform in particular ways comes from many directions within and outside the school system. More and more helping service professions are seeing teachers as people in the key position, along with parents, to deliver special help to children. As these professions change their *modus operandi* from direct to indirect service, they help children's caretakers through educating them instead of relying mainly on direct treatment which they supply themselves. In addition, teachers are expected to heed the advice of a variety of curriculum subject matter consultants, instructional materials experts, and other education specialists. Support systems have to be designed so that helper access to teachers is carefully controlled or teachers will be overwhelmed. On the other hand, teacher access to advice and materials should be made as direct and uncomplicated as possible. The system should be designed so teacher requests for help can be filled without delay.
- Much of the teacher backup system should be available right in the building where the teacher works. Multiple advantages accrue from this practice: (a) Teachers are better able to get the assistance they need with minimum delay when the moment is ripe to do something; (b) If recommended methods or materials do not work, the advisor can be informed at once and new approaches devised quickly. Advisors who live on the scene must live with the immediate consequences of their advice. They may, therefore, be more careful about the feasibility of their recommendations than outsiders whose role definition allows them to "hit and run," leaving the teacher to work the problem out alone if advice fails. (c) On-site advisors can more easily observe the child in his or her classroom situation and evaluate the classroom factors that condition behavior and program outcomes. (d) If schedules and role definitions allow, building based support personnel can provide some direct

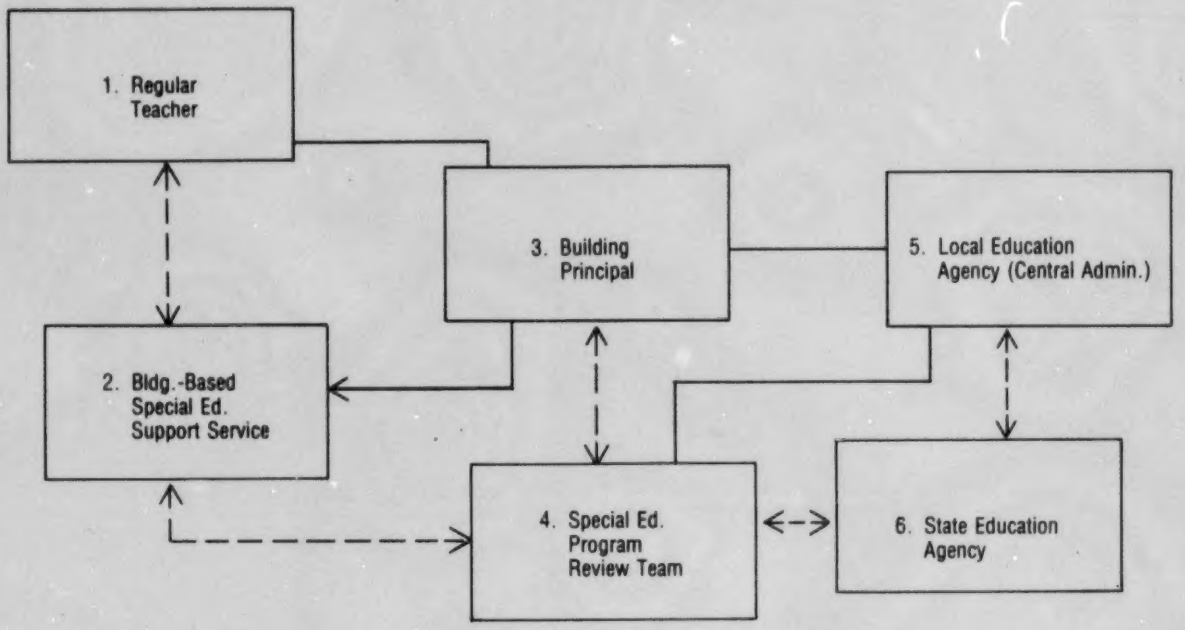
1. Regular Teacher
3. Building Principal
5. Local Education Agency (Central Admin.)
2. Bldg.-Based Special Ed. Support Service
4. Special Ed. Program Review Team
6. State Education Agency

**Figure 2.** Mainstream Support System

help to children to help refine diagnoses and plans of action for the individual case. They can continue to be available on site for consultative service to help regular teachers implement useful practices in classrooms. (e) Parents relate to the school their children attend, not to remote diagnostic clinics, irregularly available outside consultants and program supervisors, or central office administrative personnel.

- Schools must be more accountable to children, parents, and public for the instructional decisions they make. This obligation requires routine inclusion of children and parents in decision making. It also requires review of the bases of instructional decisions for individual children and evaluation of whether the children are progressing according to the criteria which were used to determine what kind of instruction they should receive. Local schools fulfill these responsiblities and public interests are protected best if the monitoring system includes personnel who represent the total system rather than just the interests of a particular school or classroom. With augmentation of its ordinary membership to include districtwide as well as community representation a program review team can serve as a more neutral forum for consideration of whether due process rights have been honored. It can help judge whether a particular child is being properly educated in the mainstream or should be placed in a different setting when opinions differ and it can help monitor whether the special education program as a whole is a dependable, cost effective system.
- Implementation of new approaches may call for new definitions of the roles and functions of people working in the system. Expanded, ongoing opportunities for staff development may be required as a result. College course work, group inservice meetings or shortterm workshops are not the only or necessarily even the best ways of facilitating increase in staff competence. The backup system should provide opportunity for learning through building staff interaction as well as through systematically programed interaction with outside resources.
- Keeping records of the plans that are decided upon, how the plans are to be implemented, and how the pupil progresses under the program is vital to public, political, and administrative accountability.
- A strong body of data on service outcomes is a persuasive force for achieving needed reforms when it can be shown that the changes proposed benefit children.

Such reasoning led to use of building based resource teachers in most of the systems observed. These people were frequently the special education support service represented by Box 2 (Figure 2). Their roles and functions were defined differently in the different programs observed but generally fell into one or another of the patterns described by Jenkins (1973).

A number of teacher training institutions were working with the school districts visited on new service delivery systems and related redefinitions of school staff roles and functions. The institutions were changing their special education programs to fit the new kinds of support roles envisioned for special education staff. Consensus seemed to be developing that special educators who are expected to play strong roles in decision making, consultaton, evaluation, and staff or parent education for all handicap categories should have at least two years of graduate training that includes field practice under the close supervision of someone who can model the role for which trainees are preparing.

Consulting Teachers in Vermont schools and the associated training program at the University of Vermont, New Jersey Learning Disability Specialists (who are not confined in practice to serving LD children only) and the New Jersey colleges providing certification directed training for this role, and the University of Minnesota training program for Special Education Resource Teachers were all geared increasingly to two years of graduate training after undergraduate preparation as regular teachers and actual teaching experience. The training provided includes development of competence to work with parents, other professionals, and paraprofessionals to achieve more integrated services for individual children. The rationale for inclusion of training to work effectively with adults is the finding that teachers who are highly effective in meeting children's instructional needs are not always effective in working with or teaching adults.

## 7. Pupil Progress and Program Monitoring Systems

Box 4 (Figure 2) represents a mechanism for dealing with several aspects of quality control. This monitoring system usually takes the form of an interdisciplinary team that may (but most often did not, in the programs I observed) include a consumer or community representative. The team meets periodically to pass judgment on the suitability of individual child programs. It acts as an in-house forum for hearing and resolving professional differences of opinion. It also can serve as a forum to which students or parents can appeal when the offered services are questioned. It provides the central administration and school board with essential information for the evaluation of overall program effectiveness. Ultimate responsibility for program evaluation remains in the administrative line, however. The mechanism represented by Box 4 supported and facilitated programs; it did not administer programs in the schools I observed.

Because of the extent to which the judgments of this unit were automatically accepted by the administration in some school system, staff sometimes regarded the unit as holding administrative authority, but the administrators involved understood the distinction and were clear on where ultimate responsibility rested.

## 8. Classification Bases

In most of the programs observed, traditional handicap classifications were used mainly for fiscal accounting purposes. In the districts in which categorical programing was in effect at the local level, the classifications tended to be fluid rather than rigid; instruction and special services were tailored to the skill acquisition needs of the individual children without regard for category. Those programs that provided separate resource rooms at the elementary level for ED and LD children (e.g. Livonia, Michigan) staffed them with teachers holding categorical certification in those areas. Individual children often were served by the teachers in both settings depending on their evident need for skill remediation or help with social or emotional problems. LD teachers were presumed to have had better training than ED teachers in academic skill instruction and remediation of perceptual-motor problems and the LD resource rooms had more materials and equipment for basic skill instruction. Children classified and programed as ED who exhibited serious reading or math problems often were assigned to the LD teacher for instruction in these skills for short periods during the day. Conversely, teachers trained and certified in ED were assumed to be more competent to deal with affective and behavior difficulties. Some LD children exhibiting behavior problems spent part of their time in the ED resource room to experience the behavior modifying conditions provided by the ED teacher.

Teachers in the ED and LD elementary level program at Livonia indicated that whether a teacher felt competent to deal with both academic skill deficiencies and behavior problems was related to where and how recently the teacher had received special education training Both types of teachers agreed that the functional distinction between ED and LD classification rested primarily on child differences in school achievement and behavior manageability, and they expressed belief that most colleges were now trying to prepare both ED and LD teachers to deal with both types of malfunctioning. Administrators of the Livonia special education system were developing structures to program children along less categorical lines in the future.

Minnesota special education programs are required to classify the children they serve by handicap categories for state agency accounting purposes although, as in Illinois, neither pupils nor the kind of service they receive need to be identified by handicap category at the local, direct service level. At the time of observation, the Minnesota State Department of Education was trying to link funding to total program approval rather than specific, narrow program practices or handicap classification criteria.

Minnesota law, like the Illinois special education law, provides special aids on the basis of special education personnel salaries, special transportation costs, and special instructional materials costs, rather than pupil counts. This policy makes confirmation of a child's handicap important only from the standpoint of whether the special aids are reaching the children they are intended to help. All Minnesota teacher education institutions assume a heavy overlap in handicap classifications and prepare special education teachers to deal with functional needs on a relatively noncategorical or cross-categorical basis while continuing to provide more specialized training for severely developmentally disabled, vision and hearing impaired children.

The training of some of the state's special education resource teachers qualifies them for certification as LD, ED, and, in some cases, EMR teaching under Minnesota's categorical teacher certification standards. Their range of competence is thus similar to that implied by the designation of generic teacher in Massachusetts. Although in some Minnesota colleges teacher education proceeds by categories (e.g. LD or ED) resource teachers at the local school district level are usually identified as SLBP (Special Learning and Behavior Problem) program staff — the title given that special education service stream by the state education agency.

To summarize, ED, LD, and SM children in the programs observed were generally programed according to individual needs, not to the needs they were presumed to have from their categorical classification. The exception was the frequency with which children classified as LD were presumed to need perceptual-motor training.

## 9. Low Profile Service

As I walked down the hall of a school in the Glen Ellyn (Illinois) school district, I saw a 9 year old girl tiptoe up to a bulletin board outside the resource teacher's room and slip a piece of paper into a paper bag fastened to the board. She started shyly when she turned and saw that I had observed her action but she returned my smile in a

friendly, relaxed way as she walked quickly back down the hall to her room. When I asked the resource teacher what the girl had been doing, she laughed, removed the slip from the bag, and handed it to me without looking at it. All it said was "Betty Jean, Room 102."

That slip of paper was a simple mechanism for providing children with direct access to a helping system. It was a signal that Betty Jean had a problem that she wanted to talk over with the resource teacher. The resource teacher would follow it up by going to Betty Jean's room and very privately arranging a time when they could talk.

This resource teacher was constantly inventing ways to make herself available to all children in the building so that being served by her should not be equated with being strange or "kooky." In this case, she had gone into all the classrooms with a story about bags in all of their myriad uses — mail bags, shopping bags, school bags, and the like — and informed the children that outside her door was an "I'm your friend if you'd like to have a friend help you with your problem" bag. All a child had to do for access to this help was to put his or her name in the bag to let the resource teacher know that help was desired, and the resource teacher would try to help if she could. Nobody else would need to know about their conversation unless a child chose to share the secret.

In addition to making special help not so strange or special, the procedure had the potential for other kinds of valuable learning: A child could learn that it was respectable, even meritorious, to seek help with disheartening problems that seemed beyond his/her coping ability, that we do not have to face life totally alone. A child could learn to act assertively for her/himself in a constructive way. A child could learn that there are people who care, even when some seem not to, and that confidentiality rights exist in professional practice. By being helped, a child could learn how to help someone else with problems. In talking over problems with a wise and understanding person, a child could learn much about human behavior and about dealing with personal feelings constructively without being hurt or hurting others.

The point of this illustration is that easy access, easy movement across program lines, and inconspicuous help can be structured for both children and teachers if sound principles are thoughtfully and realistically applied. Would the girl in the illustration have been willing to take her problem to a distant mental health clinic? Probably not. It would have involved her mother and many more people than she might have cared to tell that she had a problem. Furthermore, why should it be necessary for a child to go to a mental health

facility, with all that it might entail, or to go through the procedures necessary to determine eligibility for special education service, if all she needed was help for a relatively easily resolved problem?

To this girl, the problem was a major one momentarily. She had been nominated for the lead in a play, a role for which her dearest friend was also competing. She had had the honor of playing the part the previous year so she felt that perhaps her friend should have the opportunity this time. Nevertheless she was torn; she really wanted the fun of performing again. Although she was willing to sacrifice her opportunity in order to make her cherished friend happy, she did not know how to drop out of the competition without taking some of the shine off her friend's victory, "because it's not winning something if you're the only one running." She didn't know how to approach her mother on the problem because "Mommy might be disappointed if I dropped out. She's always proud when I get chosen for something special" — quite large sensitivities for a small girl to handle.

All of the observed programs used a variety of strategies to provide help as inconspicuously as possible to children with special needs. The creativity shown in devising unobtrusive ways of delivering help was impressive; unfortunately, however, conflict with state regulations and financial accounting practices was most likely to occur over unobtrusive services.

Most of the regulations governing special education aids still require classification of children according to their assumed primary disabilities. In many cases, special education aids for emotional disturbances, learning disabilities, and social maladjustments are limited to children who meet state or federal education agency criteria for membership in these categories. In many states, the service rendered must be identifiable as special (beyond regular education offerings) to be financed by special education aid. Frequently, the definition of a service as truly "special" education depends on the degree to which the instruction differs obviously from that provided in the regular program or is provided in an irregular setting. (Perhaps that is why perceptual-motor training is so popular in LD programs). Yet experience indicates that most of the educational help needed by ED, LD, and SM children is not fundamentally or obviously different from the learning facilitation all children should have. Individualized instruction ceases to be a distinguishing characteristic of special education service as mainstream programs become more successfully individualized for all children. With acceleration of this trend, it becomes harder and harder for districts to prove that the personalized programing provided for ED, LD, and SM children within the educational main-

stream is special enough to warrant support from state or federal special education aids. In other words, governmental regulations are in danger of penalizing school districts for doing good work!

This problem may seem remote from the concerns of regular class teachers. It would be easy for them to dismiss responsibility for the resolution of such difficulties on the grounds that they are administrative and political, not teaching problems. The fact is that what a teacher is able to do in his or her classroom is always heavily influenced by political pressures. Suspicion or dislike may figure in educational decisions more than methodological merit.

Teachers need to be actively involved in administrative-political issues that determine the extent to which they will be free and able to gear instruction to individual needs. One support teacher for ED and SM students interviewed had agreed to act as representative for his teacher organization in contract negotiations. He hoped that by doing so he could insure contract terms that would not militate against the needs and rights of children, including those children considered seriously disturbed and maladjusted for whom he felt special responsibility. It is encouraging to see national teachers' organizations address the problems of mainstreaming positively.

Given the administrative and political constraints, the observed programs had done remarkably well in providing special help in what one administrator called "low profile" ways. In most cases, the practices had been approved by the state education agency for financial support purposes. In one instance (North Syracuse, N.Y.) the district used no state special education aids because of its state foundation aid rate, but few programs are in comparable circumstances. In that case, the district had no need to label children as handicapped or to defend as special the kind of instruction or other help that was provided for ED, LD, and SM children. Examples of low profile service included, but were not limited to the following:

- The North Suburban Special Education District, headquartered in Highland Park, Illinois, provides a program of service called the Developmental Learning Services (DLS) Program. Although the state education agency requires, for aid purposes, that children receiving service through this program be given a traditional handicap classification in official records, the benefits received are determined by individual and functional skill needs. When I asked the teachers in the building about the administrative classification of particular children, they seldom could answer without consulting records; they did not consider official classification to be governing factor in their work with the children.
- Special education support teachers in the North Suburban Special Education District DLS program provided instruction in whatever

setting was deemed most suitable for the children. These settings included regular classrooms and learning centers as well as DLS building based resource rooms. While working with a child with special needs in a regular classroom setting, the DLS resource teacher might help "normal" children with similar achievement problems in order to demonstrate that all children have learning problems in some curriculum areas sometimes. "Special" children are not unusual in that regard. Similar practices were observed in schools served by the Cooperative Association for Special Education headquartered in Glen Ellyn, Illinois. The practice was common in programs observed in some other states, but not in all.

- A problem is likely to arise if the number of "unofficial" children served becomes so large that the special teacher is not able to meet his/her primary responsibility to children officially classified as handicapped. This problem was kept under control by close monitoring of instructional effects and sincere negotiations based on respect for regular classroom and support teacher responsibilities in districts where this practice prevailed.
- In the Illinois elementary schools I observed, some of the special education resource teachers provided direct instructional service only to refine understanding of what methods worked best with particular children. The teacher's time was mainly devoted to assessment of individual instructional needs, assistance to regular classroom teachers who carried out program prescriptions, materials development, inservice education activities related to mainstreaming ED, LD, and SM children, and other indirect services. Direct instruction or counseling of students was the most typical resource service at the secondary level.
- In the Glen Ellyn, Illinois program, children were provided a procedure for referring themselves to the special education resource teacher for help (e.g. the anecdote at the beginning of this section).
- Mainstreamed ED, LD, and SM children in a New York program received special help in the building's learning center where all children went to secure reading materials, to listen to tape recordings, and to obtain other individualized instructional help. This practice is common countrywide.
- ED, LD, and SM children are served through the Educationally Handicapped (EH) program in California. This broad umbrella classification helps to limit certain consequences of disability labels because it does not identify children by defect and it is oriented to educational disadvantage rather than chronic pervasive disablement.
- In the Castro Valley, California program, peer and cross-age tutoring was used extensively to help elementary age mainstreamed EH children with their problems. All children were

taught how to tutor peers, and EH as well as "normal" children served as tutors. Thus, neither being tutored nor being a tutor necessarily connoted being special in some denigrating way.

- Teacher aides worked with all children in the regular classroom in all programs serving ED, LD, and SM children within the mainstream, except in the Roseville, Minnesota special program for very seriously disturbed children. In most cases, salaries for these classroom aides were supported by nonspecial education sources such as ESEA Title I funds. In the Roseville special project for ED, classroom aides were supported temporarily through state special education funds because the program was experimental. The behavior of the children in the Roseville program was so seriously deviant that without the help of the aides the children could not have been mainstreamed in a regular classroom; in fact, they had not attended school before their enrollment in this special school based treatment program.

The factor contributing most to inconspicuous service for children with special needs was the degree to which regular education was individualized for all children. Personalization of materials and schedules is not especally distinguishing if everyone does different things at different times.

## 10. Teacher Assistants

Paid or volunteer classroom aides were used in almost all of the regular elementary level classrooms observed. Few classroom aides were noted in secondary programs. In most programs, these aides were employed to work with all children, and they would have been in the rooms even if ED, LD, or SM children had not been receiving their education in that setting. ESEA Title I funds supported the salaries of many. Only in the Roseville, Minnesota special project were classroom aides employed to work specifically with the ED children.

Organized volunteer groups were making highly significant contributions to the education of handicapped children in a number of the school systems observed. Programs for vision impaired students, throughout the country, would be much less adequate today were it not for the organized volunteers who help school systems to acquire the braille and taped material the students need to keep up with their peers in regular education classes. Similarly, organized groups have trained themselves to provide a variety of services to the schools to help classroom teachers make the special accommodations required to teach children with special needs in the mainstream. In the Minneapolis program WISE and GISE (Women and

Gentlemen in Service to Education) provide many forms of teaching assistance, including remedial instruction for children who have difficulty in reading and other school skills.

The service example set by programs for vision impaired children is logically related to the problems encountered in regular classes by many children defined as learning disabled. Inability to read print when classroom instruction assumes that students possess the skill creates serious disadvantages, whether the inability to read print is associated with blindness, neurological defect, instructional failure, or other causes. Using alternative channels for the transmission of information and nonwritten reporting methods is logical for any child whose reading and writing skills are deficient. This logic was being applied extensively in the programs I observed. Nonreaders listened to their reading assignments and reported on their library research via tape recorders; regular class test questions were taped for these students and they responded to the questions on tape, if difficulties in writing impeded full expression of what they had learned and understood.

Both paid and volunteer assistants were used to help regular teachers and special education resource or support teachers prepare special materials for ED, LD, and SM children. This extension of the capacity of the regular teacher to meet the special needs of students is highly productive; it can be a most effective way of meeting some of the extra demands that educating handicapped children in the mainstream inevitably generates.

It appeared that volunteer assistance was more often available in city school programs than in smaller school districts. This difference seemed to be related to the ease with which volunteers could be enlisted, trained, and organized on a sufficiently systematic and sustaining basis to make them a dependable resource for teachers. In some of the larger districts (e.g. Minneapolis), volunteer groups such as WISE and GISE and the League of Jewish Women which prepares brailled and other materials for vision handicapped students were well enough organized to assume considerable responsibility for the competence and reliability of their volunteer participants. The volunteers were trained and monitored to meet school system performance standards and, in the case of brailled materials, Library of Congress standards.

Although it may be more difficult to provide special training and supervision for volunteers in scattered population areas where the number of ED, LD, and SM children in any one school building may be small, the problem still should not be insurmountable. This kind of support has been organized in low population areas for vision

impaired children whose numbers are far fewer than official frequency estimates for ED, LD, and SM children. Organizations such as Big Brothers and Big Sisters support the emotional and social development of children in many part of the country. Y groups and other community service organizations can be tapped if schools can describe exactly what kind of help they need. Perhaps, countrywide, special education personnel can play a stronger role in helping to organize volunteer services for ED, LD, and SM children and make these resources available to regular teachers through special education resource teachers, in the same way that vision resource teachers have been able to call upon volunteers for help in teaching vision impaired children.

## 11. Peer and Cross-age Tutoring

One of the most exciting developments observed in well functioning ED, LD, and SM programs was the extensive use of other students to help children with serious learning and behavior problems. The practice is not limited to sporadic use of peers of the same age or at some cross-age level; it extends to giving course credit for tutoring as a work experience for secondary or ED and LD pupils in regular classes, special classes, hospitals, or residential treatment settings on a carefully programed, closely supervised basis.

Cross-age and peer tutoring seems to be a useful extension of teaching resources, not only for the documented benefits such help can provide for students who have learning and behavior problems, but also for the potential of the practice for teaching children many things about human behavior. Tutors learn about the role of learning in the development of behavior tendencies, how to help people cope with problems in more constructive ways, and how to deal with ever present individual differences more constructively. In the process, both tutors and tutees come to understand and like themselves better. Further, the evidence suggests that tutors' skills increase in those academic areas in which they are helping other students.

It seems in order to stress the potential of tutoring for tutor benefit as well as the benefits to children tutored because parents and teachers frequently express fear that the tutors' own educational needs may be neglected when they spend time teaching others. The following experience illustrates the values of the practice.

When I entered a Castro Valley, California fifth grade classroom, all of the children were working on lesson plans for the tutoring they were going to do. In this school building *all* children tutored other children at some time during the day, so convinced was the school

staff of the values of peer and cross-age tutoring. The teacher pointed out several children who were preparing to tutor children who were officially classified as educationally handicapped (EH). Remembering how far along in my own teacher preparation program I had to be before the development of lesson plans was required, and knowing that the Castro Valley system provided special personnel to train peer and cross-age tutors, I asked one boy who had taught him how to develop and write up lesson plans. He replied that his teacher had, and that she taught all the children in the classroom how to do it.

In probing how this child tutor approached his responsibility, I learned that the 8 year old child he was going to help could "hardly read at all" and "won't take part in any of the lessons." The boy spoke of his tutee by his given name; at no time did he refer to him as an educationally handicapped or learning disabled child.

I asked if his lesson plan would deal with how he was going to teach reading.

"No," he said, "we're not up to that yet. Every time I come in the room to tutor him he crawls under the table and won't come out. I'm working on a plan to get him to come out and stay out to play with me when I come in the room. After I get him to come out and stay out for a while, then we'll try to work on some reading games." As part of his plan, he was laying out a chart for recording the behavior of his tutee and working on a method to reinforce out-from-under-the-table behavior.

I asked if he used such teaching strategies with any other children he tutored or if his tutor had ever used such methods with him.

"Oh sure" was the casual response. "Everybody punishes or rewards everybody all the time by the way they act toward what other people do, you know. So we do it to each other on purpose according to a plan in order to help us all learn better. Sometimes we give stars or use tokens that they can trade in for something they'd like to do when they've got enough or we give points toward a treat, or something."

I asked the boy's teacher why she elected to teach her pupils how to do tutoring herself instead is using someone from the district's special educational support system to teach the skill, since help was available and could mean a saving in her time. She responded,

"Well, I don't see having someone else do it as a saving of my time. I believe that the most important thing I can teach all my children is what makes them and others tick, what people in this world can do to be more helpful to each other and to get along together better. I find that teaching these children how to help other children — by putting their tutoring goals down on paper, devising

ways to encourage tutee learning based on what they find out about the interests of the children they are tutoring, and keeping track of whether their tutees are showing more of the behavior they are trying to encourage them to show — is a better way to teach psychological concepts to these children than any other classroom learning experience I have been able to devise so far."

The conclusions of this teacher were typical of the reports of other teachers in the district and elsewhere who used peer tutoring to extend individualized learning opportunities. Their subjective impressions are supported by data collected in a number of school systems which show that tutors tend to improve their own performances (above the rates of past progress) in the areas they are teaching even when the tutor has a serious skill deficiency in the area in which he is tutoring another child.

Peer and cross-age coaching long has been used by teachers to provide the extra instructional help needed by less able students and keep occupied the more apt pupils who master lessons quickly. One-room country school teachers hardly could have survived without this resource. However, compelling arguments for tutoring go beyond teacher convenience, important as it is, and benefits to tutors. Some of the possible values of tutoring for tutees deserve examination.

From his studies of how the young of various species, including humans, are socialized, Bruner (1966) concludes that the young depend heavily on group members who are slightly older for models of behavior. Arranging for children to be tutored by other children, particularly older ones, is a way of providing them with behavior models which they are highly motivated to imitate. A number of the programs I observed were using older pupils to work with younger disturbed pupils as a method of offering a model for the disturbed youngster to follow.

In addition to teacher convenience and modeling benefits, peer or cross-age tutoring can benefit tutees more than small group instruction by a teacher, however competent the teacher may be. Jenkins, Mayhall, Peschk, and Jenkins (1974) compared childrens' achievement in reading, spelling, and arithmetic under small group instruction from a resource teacher with one to one instruction by cross-age and peer tutors who had been trained and were supervised by a resource teacher. The results indicate overwhelming superiority for cross-age, one to one tutoring over small group teacher instruction.

Studies by Jenkins and Mayhall (1973) in other skill areas produced similar results for both EMR and LD children. Apparently, some children at some stages of their development are able to learn better from a peer in a one to one situation than from a teacher in a group. It may be that a peer is less threatening or that one to one tutoring permits a child to learn in his own way and at his own speed. It is unlikely that society will support teachers to provide one to one instruction for every child who might benefit from it, however.

I saw in one district regular class elementary pupils working with young, seriously multihandicapped children in self-contained preschool day care programs that were housed in their regular school building. They were supplying language stimulation, physical exercise for limbs that were incapable of well controlled independent movement, varied sensory experiences, and extra mobility opportunities. This interaction with normal, older age tutors was intended to provide behavior models and normalizing experiences for children who were incapable of being educated in regular settings. Lack of regular nursery schools for normal children in which those who are handicapped can be placed is one of the factors impeding normalizing experience for preschool handicapped children. This is one way of bringing normal models into an abnormal setting.

A disturbed secondary level student discovered personal strengths he did not know he had while he was helping hospitalized physically handicapped children with their school work. This therapy is credited with a strong contribution to his recovery from the "school phobia" which interrupted his attendance in a regular school. One program reported that high school students who assisted hearing, visually, and orthopedically handicapped students with school tasks and movement around the junior-senior high school in which a resource center for the handicapped students was housed were very effective advocates for the handicapped students with whom they had had experience. Through their supervised experience with their handicapped peers, they became more realistic about what handicapped people can and cannot do and helped school staff work out many imaginative ways for the handicapped to participate in school affairs. They had learned that the basic psychological needs of handicapped young people were the same as their own, and that any handicapped group is composed of individuals who are distinctly different from each other. Peer tutoring of children with exceptional needs should encourage tutors to act with more understanding and less fear of difference when as adults they achieve the power to shape social policies and become teachers of their own children.

## 12. Parent Involvement

In the school programs I observed, most of the interaction with parents of ED, LD, and SM children centered on consultation about individual children. What staff person was to play a primary role in continuing communication with a particular family was usually decided during the program planning conference. The criterion governing the selection was usually which person seemed in the best position to work effectively with the particular family involved rather than which variety of professional is "supposed to" work with families according to school policies or professional traditions. None of the programs assumed that home contact should be limited to school social workers when the school system employed such specialists, even though their role was often defined as that of liaison with the home and community agencies.

The estimate of which person might be most effective in facilitating the home-school partnership was usually based on the history of the case, with heavy weight given to which person already had established a good working relationship with the family. For a significant number of ED, LD, and SM children, a nonschool agency was supplying consultative help and other support to the home; the plan for helping the family to help the child focused on integrating a four way effort among school agents, community agents, family members, and child. A striking commonality among all programs was their careful specification of staff responsibilities and equally careful specification of the goals to be pursued in working with families to avoid confusion or contradictory communication and maintain accountablity. The Castro Valley, California work plan (see Appendix) illustrates how carefully related responsibilities are worked out in some programs.

None of the programs for ED, LD, or SM children carried on such intensive or continuous parent education activities as those I have observed in school programs for young deaf children.

All programs worked with parents on an individual case basis. In their group education programs for parents of ED, LD, and SM children these programs generally employed variants of three approaches: (a) "democratic" verbal interaction approaches such as the Adlerian patterned after the ideas of Alfred Adler, Adler's disciple Rudolph Dreikurs, (Dreikurs & Staltz 1964); the Parent Effectiveness Training (PET) program developed by Gordon (1975); Glasser's (1965) Parent Involvement Training (PIT) or (b) behavior modification and skill teaching approaches based on learning principles (e.g. Hall, 1972; Patterson & Gullion, 1968); or (c) eclectic

approaches which gave parents a sampling of various approaches to parenting and supported them in using the strategies with which they felt most comfortable. A recently published parent education manual by Smith (1976) exemplifies this eclectic approach. At the time of my visits Dobson's (1970) *Dare to Discipline* approach had not yet penetrated school based parent education offerings. In some cases school systems had worked out their own parent education materials.

Behaviorally oriented programs were commonly suggested to parents of LD children, possibly because hyperactivity is often a distinctive symptom among these children. In some cases, parents were receiving instruction in behavior modification to reduce hyperactivity through the medical clinics that prescribed drug programs for the children, and the schools carried on the treatment plan during school hours. We noted earlier that a Minneapolis project found remarkable reduction in the number of children needing to be on medication for control of hyperactivity after they had participated in a special project employing behavior analysis, contingency management techniques in the classroom, and teaching parents how to employ similar teaching strategies at home ( Blackburn, 1977).

It is noteworthy that the behaviorally oriented parent education programs, as well as inservice instruction of teachers in the use of contingency management techniques in classroms most often were conducted by psychologists. This circumstance should not be surprising because behavior analysis and contingency management approaches to instruction are based on learning principles, and the techniques for applying the principles were developed through the research of psychologists. The past training of school social workers in child mental health areas often has been heavily influenced by the psychodynamic orientations of psychiatry and the verbal interaction therapies and case work practices reflecting these theories. Few school social workers are skilled in learning theory based approaches to modifying behavior through educational procedures. However, this seems to be changing with the more recently trained school social workers who pursue an educational model approach in their work with teachers and parent. The role of the school social worker on the North Suburban Special Education (Illinois) support team illustrated this shift.

*School Counselor Roles*

Although the past training and role functioning of school counselors focused heavily on individual counseling in relation to school programing and career planning both for students and parents, some

school counselors were enlarging the scope of their effort to include consultation with both students and parents on drug abuse, truancy, delinquency, and other adjustment problems. Present training for counselors included work in group process methods, and counselors in some programs I observed were conducting sessions for students with serious adjustment problems. In addition, they were working with parents on a wider range of adjustment concerns, and they were supporting students in difficult situations such as court appearances. Counselor/teachers constituted the core staff in the Roseville, Minnesota secondary adjudicated delinquents.

In group sessions for students, counselors relied most often on verbal interaction approaches, such as Transactional Analysis (TA), Rogerian or other nondirective techniques, rather than behavior modification techniques. I observed no programs in which a school counselor conducted sessions for parents of ED, LD, or SM students, although a counselor sometimes acted as a resource person for a session or two on school programing and career planning. The fact that I did not observe counselors in the first role does not mean of course, that school counselors do not conduct parent education programs in other school systems, but it indicates something about the frequency with which such participation occurs.

The theoretical approach used by any professional is always heavily conditioned by his/her experience, training, and personal characteristics. This truism is being recognized more and more in the schools in decisions about which people are to carry what responsibilities to strengthen the school-family partnership for the benefit of ED, LD, and SM children. For example, excellent parent education was being provided by school principals, regular teachers, special education teachers, school social workers, school nurses, and school counselors in the schools I visited. There appeared to be no valid reason for limiting parent education responsibility to any one profession as long as individual competency and feasibility criteria were met.

*Who Interprets to Parents?*

One concern was raised often enough in different school systems to warrant sharing it here: Who is most competent to interpret assessment procedures and outcomes to parents who share responsibility for decisions regarding the education of children who exhibit learning and behavior problems? A number of workers speculated that any of the travesties flowing from past use of intelligence and achievement test scores could have been avoided or at least tempered if school psychologists or counselors, who are well trained in

the assumptions underlying test construction, had been made responsible for interpreting to parents and school people the results of whatever assessment procedures they used. The persons concerned felt that testers had been remiss too often in leaving interpretation of their findings to school social workers, administrators, or teachers who did not have the training or knowledge required to make valid interpretations of child performance. Those who raised this issue usually expressed concern that assessment had been given a bad image by gross misuse of test scores in the past, and that the present inclination to kill this messenger that sometimes brings bad news hampers service improvement because there is no way for education to proceed without some kind of assessment. None of my discussants had as yet resolved this concern to their satisfaction in the systems in which they worked. The question of who is qualified to assess student needs and interpret the assessment results is likely to be crucial when due process rights are invoked by parents and school interpretations of appropriate education are challenged.

It is relevant that most of the training institutions I have observed have included the development of both assessment and parent education competencies in their preparation programs for special education support personnel, and at a more sophisticated level in two year than in one year graduate programs. The University of Vermont Consulting Teacher Program, the George Washington University Diagnostic-Prescriptive Teacher Program, several New Jersey colleges conducting learning specialist programs, and the University of Minnesota Special Education Resource Teacher (SERT) training sequence are examples of two year programs that included these elements (see Deno, 1972, for program descriptions). Training programs of less than two years seldom have sufficient time to develop the depth of understanding and skill that are required to make appropriate critical interpretations of assessment data to parents without careful monitoring by more highly trained specialists.

The question of competency brings us to consideration of the need to help parents and other child representatives acquire the knowledge and skills they need to capitalize on the opportunity to become advocates for their own child through the due process procedures now assured by law. The lot of children can be improved through due process only if children or parents understand their rights and know enough about educational options and related issues to exercise their rights productively. If parents are not adequately informed, they will simply be manipulated by the system and due process will be co-opted by the system because of its superior sophistication in the areas involved and power to control events.

A Gallup poll (1976) indicated that 77% of the people in a national survey thought that courses to help parents help their children with their schooling should be a regular offering of public schools. The opinions of public and parochial school parents were similar (78% and 74%). Half of the respondents who approved the idea were willing to pay taxes to support such a program. An interesting finding was that persons under the age of 29 overwhelmingly supported the idea (83% in favor, 13% who did not approve, and 4% who did not know or did not respond to the question).

Strong public support for provision of parent education programs by school systems seems to be growing. There are many indications that parents prefer help through an educational system because they see schools as natural and acceptable partners in raising children. Help rendered through the schools does not seem as indicative of illness or family failure as help from child guidance clinics, courts, or welfare agencies.

## 13. Staff Development

When school systems institute mainstreaming, they are obligated to help staff members to understand its procedures and to acquire the skills that are needed to carry them out. Mainstreaming, for most school systems, demands significant changes in operations and new roles for personnel. We are long past the day when schools can expect teachers to improve their skills through summer workshops or unintegrated college courses. Personal choice (a "buffet" approach) cannot meet the staff development requirements of school districts that are trying to make fundamental changes in their educational practices to take advantage of expanding knowledge.

How comprehensive the staff development plan of a local education agency should be depends not only on the available financial and staff resources but on how broad and firm is the commitment to reform in educational practices by the local schools and community. One of the most ambitious, comprehensive, districtwide staff development prorams to improve the educational opportunities for all children was observed in Houston, Texas. In this case, the University of Houston had collaborated with the local education agency in an impressive effort to reach all school personnel. The philosophical basis for this massive staff development effort was described by Meisgeier (1972). Some of the difficulties encountered in this undertaking over a period of years are described by Dollar and Klinger (1975). The problems experienced in Houston are not unique.

Examples of systematic program related staff development activities were observed in California, Massachusetts, Vermont, Texas, Minnesota, and Washington (Deno, 1972). In California, the state education agency promotes statewide staff development to implement its comprehensive plan for service to educationally handicapped (EH) children. Since the Castro Valley program was observed, the state education agency has employed some of the Castro Valley staff to provide inservice education in other school districts because the Castro Valley program exemplified what the agency considered a sound approach to the realization of the statewide EH plan.

In Massachusetts, a recently enacted special education law (Chapter 766) requires new modes of addressing problems, including zero reject, full individual diagnosis and programing, placement according to the least restrictive alternative, due process procedures, and other components since included in PL 94-142. In Vermont, a comprehensive state plan of special education uses consulting teachers to facilitate the assessment of local needs to help design local service strategies, and assist in staff development. In Texas, Plan A and associated staff development are promoted by the state education agency as an alternative to the state's traditional categorical organization of special education service.

Where regional service agencies were offering inservice opportunities (e.g. the special education service districts in Illinois, BOCES in New York, and the voluntary, interdistrict, regional cooperatives in Minnesota), it was usually only upon request from local school districts. Regional agencies lacked the authority in general to determine service delivery structure, staff roles, curriculum, and other elements relevant to staff development needs at the local level. Regional resource units usually can advise and encourage but not demand. In Texas, the state education agency communicated its expectations through the inservice activities of the regional special education units; thus, the inservice offered through these units was strongly supported by state educational agency authority. In the Minneapolis and Tacoma programs where integrated education has been encouraged for many years, staff development activities were based on the local district's authority to encourage or require change or improvement in staff performance.

The shift of emphasis from preservice to inservice or continuing education has been strongly stimulated by (a) declines in school enrollments which have led to a decrease in the demand for new teachers, and (b) changes in the manner in which schools fulfill their obligations, including the increased mainstreaming of handicapped

pupils. The shift has resulted in new kinds of partnerships between school systems and institutions of higher education: training goals are jointly established; continuing education which yields college credit is often provided in the schools or in convenient community settings, rather than on college campuses; the teachers' own classrooms may become the practicum sites in which competence is developed and tested under the continuous supervision of staff from the cooperating training institution; and competent, qualified, staff members of the local system may be appointed adjunct members of the college staff to provide specified aspects of instruction and practicum supervision. Massachusetts has developed a staff and service development plan that specifies which colleges will work with which school systems and regional service units in which geographic areas to facilitate inservice training for the effective implementation of Chapter 766. The college and school system partners have, in general, accepted the logic of this joint approach.

This kind of partnership taps the rich resources of training talent in field service systems at all levels. It recognizes that all skill and wisdom, and especially the practical, does not necessarily reside on college campuses. It is bringing colleges that have not had special education programs in the past into the training picture and it is requiring acquisition of new competencies on the part of college staff who find participation in continuing education an increasing part of their responsibilities.

In the allocation of federal and state personnel training funds, priority is being given to continuing education. Local school districts are finding it advantageous to set up formal working relations with colleges and to gear their aspirations to statewide, interagency plans for comprehensive service development. All states are now encouraged to put staff development plans in motion to qualify for grants under such federal education laws as PL 93-380 and PL 94-142, and other training funds administered through the Bureau of Education for the Handicapped. Applicants for funding under such programs find that if they have not negotiated appropriate interagency staff development arrangements before submitting their applications for training funds, their requests are likely to receive less favorable consideration. Experienced funding sources have learned that effective partnership in staff training depends on carefully developed, well detailed, and formally agreed upon institutional relations that permit collaborators to determine where they have departed from established policies or procedures when problems arise in the conduct of training plans or when working agreements need to be changed (see S. Deno & Mirkin, 1977; S. Deno & Gross, 1972, for

examples of what kinds of interagency responsibilities may need to be defined in working agreements).

## Teacher Competencies

The specific mission of the Exceptional Children Program funded under the Education Professions Development Act (EPDA) was to provide training for regular education personnel to improve their ability to deal with children with special needs in regular class settings (Lundholm, 1978). Training projects funded under this program gave teacher educators opportunity to assess what kinds of skills educators needed to accommodate effectively to the special needs of exceptional children in regular settings. The question of what new skills may be needed for effective mainstreaming becomes more and more important as education in the least restrictive alternative possible becomes the national policy and new legislative mandates require inclusion of special education elements in regular teacher training programs. The Missouri legislature has already enacted legislation that establishes such a requirement, and other states have been considering similar action in response to the urgings of organized advocate groups.

The personnel training projects funded by the EPDA Exceptional Child Program reached certain conclusions in common.*

1. Suitable training of regular teachers requires a more fundamental attack on preparation than merely adding a three credit course in education of exceptional children as this kind of course traditionally has been taught in most special education programs. What is called for is development of some basic competencies that will help a teacher to deal better with all varieties of individual differences of all children along with acquisition of a reasonable level of knowledge of how handicaps can be accommodated instructionally within that basic framework.
2. Regular teachers who had taken special training to improve their ability to serve exceptional children reported that the skills and understanding they acquired helped them serve all children better. These trainees became enthusiastic advocates of change in regular teacher training programs. They felt that training programs ought to incorporate the kind of prepa-

*The conclusions presented here are summarized from material included in a report, "Lessons Learned in the Exceptional Children Program," compiled for the U.S. Office of Education, by E. Deno, 1975.

ration they had for dealing with exceptional children more adequately in their classrooms.

3. Teacher competence actually can be improved through the kind of training that was offered in many of the EPDA projects as evidenced by evaluations of project outcomes.

In most of the EPDA teacher training programs, content was organized not by categories of handicap but by fundamental teaching functions. The competencies selected for emphasis were those likely to have the broadest effect on overall teacher competence, given the limited training time available. They are as follows:

- Knowledge of children's usual development and the possible effects of mental, or social background differences on growth and learning.
- Skill in the use and interpretation of both criterion and norm-referenced assessment procedures to evaluate the instructional needs of children and the effectiveness of instruction.
- Skill in the use of data based instructional techniques for promoting the acquisition of school skills, modifying behavior, and promoting constructive social skills.
- Ability to integrate instruction with the functions of parents and other professionals in behalf of each child.

In most successful teacher education programs, competency was developed in these areas through learning by doing, that is, working under close supervision to insure proper application of the instructional methods recommended. Basic information was often presented through learning modules which trainees mastered to criteria; each trainee set up his/her own time schedule and worked at his/her own rate of speed within the outside limit of a final date for completion. This kind of independent study usually was accompanied by instructor-led group discussions aimed at broadening and sharpening trainee understanding of the theoretical assumptions underlying the teaching strategies that had been recommended and practiced under field conditions.

## 14. Time and Patience

"Rome was not built in a day" was a recurring refrain among workers in the programs visited. Patience was an outstanding characteristic of the program leaders; the impatient ones, perhaps, had departed.

All of the programs had been in operation for 3 years or more. This was one of the criteria governing their selection. Some of the special programs were experimental units in an overall program for

children with learning and behavior problems. Although the special project observed had sometimes had a relatively short history, integrated services for the children of concern were longstanding in the system in each instance. Overall, the programs observed were institutionalized, that is, they were an established part of school offerings and school budgets and many of the problems associated with new programs had been resolved.

*Transition Time.* Too many attempts to educate ED, LD, and SM children in the least restrictive setting are undertaken with expectation of quick success and without adequate lead time and resources alloted to laying the groundwork necessary. Serious problems develop when segregated facilities are phased out on assumption that treatment in more normal community settings is preferable and the community based services required do not exist in adequate supply. School age youngsters are retained in psychiatric hospitals and correctional facilities for shorter and shorter periods of intensive diagnosis and treatment, after which community services are expected to carry the treatment forward. However, in many districts, the transitional and maintenance community based services required by the released youngsters are not available in sufficient quantity to meet the youngsters' long term rehabilitation needs. Behavior regresses when it is not adequately reinforced and supported. These problems are particularly evident in the case of delinquents who leave and come back to correctional institutions through a revolving door.

Similarly, in too many school systems mainstreaming is initiated as "the new thing to do" but without adequate consideration of the conditions that are required to integrate children with serious learning and behavior problems successfully in regular classrooms. Children who were served in protected, segregated programs are transferred to regular classrooms without being readied for them properly, on the expectation that by physically placing a child in the mainstream the goals of the practice are achieved. Sometimes, state financial aids are granted in ways intended to favor mainstreaming. This may force financially pressed districts to program according to what brings the district the most state aid rather than according to individual needs.

Evidence indicates that an impressive proportion of children released from special classes for EMR, ED, LD, SM and other exceptional children merge with their peers in regular classrooms and manifest no insurmountable problems. In placing such students in the regular classroom, optimism in planning is not necessarily wrong, given the evidence; too much advance concern may imply that trouble is expected and encourage self-fulfilling prophecies to

materialize. However, *before* mainstreaming occurs there should be in operation a system for monitoring instructional and behavioral outcomes that will spot developing problems before they mount to crisis proportions.

In a number of states in which programs were observed, state hospital and/or institutional review boards had been mandated to help the public monitor whether individuals were appropriately placed in these segregated facilities, receiving the treatment they needed, and being released when they were ready for community placement. Up to the time of my visits, no similar neutral public mechanism had been organized to monitor the practices of local school systems. The placement and program monitoring systems I observed (4, Figure 2) were creatures of the school systems, not primarily mechanisms for public surveillance. Recent emphasis on due process requirements which strengthen the rights of the learner should help to determine whether the outcomes expected of mainstreaming actually materialize.

Procurement of sufficient time and resources to prepare for mainstreaming is not a problem that an individual teacher or even a local school system can achieve singlehandedly or through unilateral efforts. The allocation of time and resources is heavily saturated with political considerations. In one state in which school programs were observed, a class action suit had been brought against a state institution for the mentally handicapped. The court ordered the allocation of more staff and other resources to the facility so that more appropriate treatment could be provided. The Governor of the state advised against additional investment in this state operated, segregated treatment facility because he believed that priority should be given to establishing community based facilities. Also, a number of state operated facilities were scheduled to be phased out because of declining enrollments. He questioned the wisdom of putting more dollars into a facility for which there was declining need.

The state legislature, aware of public resistance to increased taxes, ended its session by not appropriating significant new funding for either upgrading treatment in state operated institutions or provision of new community facilities. At issue here is the question of whether the judicial branch can tell the legislative and executive branches how available resources shall be invested. Legislators argue that they, not the judges, are the peoples' elected representatives responsible for balancing all public needs against all available means of meeting them.

Many of the educators involved in the successful programs for ED, LD and SM pupils had participated in political activities aimed

at securing more adequate resources and more suitable time to phase in the new mainstreaming practices proposed. It appears that the professional organizations of educators are trying to move beyond the protection of their members' welfare to advocate policies that will be more beneficial for children. Political action is usually a slow process. Children need to have done what can be accomplished within already existing laws. Workers should not be discouraged by the fact that change comes slowly. Significant changes in practice have been achieved in as little as 3 to 5 years. In some school districts, the practices demonstrated in special projects seemed to be ignored, but later they were slowly incorporated with general practices because their value had been observed by significant people, including teachers who were unwilling to let good ideas die or get lost in political scuffles.

*Time for Evaluation.* The firmest support seemed to be enjoyed by programs which had collected data on the outcomes of their efforts, including evaluation of achievements at various stages of program development, outcomes in terms of improvement in pupil performance and cost/effectiveness information. Successful programs had laid out and followed realistic schedules for achieving various phases of the program plan. They were less often confronted with need to defend why some ultimate ideal envisioned was not realized quickly. Their achievement schedules were based on the assumption that significant change takes time to accomplish and they helped to curb impatience and frustration over the slowness of people to "see the light."

The Tacoma, Washington program demonstrates a fine example of leadership that remains continually optimistic about the possibilities of improving educational systems. It is sustained not only by personal predisposition but also by evidence that measurable step by step progress has been achieved over the 15 years that the program of progressive inclusion has been in effect (Bertness, 1976). The consensus of the program leaders was that it takes almost a year to lay out a good plan of action with related agencies and to procure interagency commitments to collaborate according to the plan. Even experienced agencies that operate with compatible theoretical sets find that it takes many months to specify related responsibilities and make the essential institutional commitments. Both are necessary for realistic evaluation of the extent to which all parties are faithfully carrying out the agreement.

It takes the better part of another year to employ and train staff to fill prescribed roles and to relate their functions effectively. Although some of the articulation of roles can be accomplished during

the program design year, many months are usually needed to "shake out the bugs" in any plan. It is not always easy to discern whether the roles are ineffective because of infeasible or inadequate specifications, faulty interpretations of guidelines, or impeding personal characteristics of functionaries filling roles.

If a program is well designed and well led, and if it enjoys genuine sanction and commitment on the part of key staff and consumers, by the third year participants may have the pleasure of being part of a relatively smooth functioning operation in which staff remain basically evaluative in everything they do and constructively critical of all practices. The first flushes of documented success fuel enthusiasm, and confidence growing out of reality breeds further success.

By the fourth year, program leaders are confronted with problems commonly associated with the institutionalization of practices. Success has been demonstrated in a program of modest proportions, but can it be sustained on a broader scale for all time when the excitement of innovation has worn off? Can the model be installed in places where staff already filling positions will have to be converted to new practices? Often, in new projects, staff have joined in the effort voluntarily because they believe in the purposes and new practices to be tested by the project. The staffs of successful programs frequently are raided by other programs that covet their expertise and leadership capabilities. Sincere leaders claim to rejoice that good help will be available to more children as they patiently seek new personnel to help infuse their own programs with new ideas and energy.

The truth seems to be that the end of change is never reached. Programs continue to be only more or less successful over time. Goals are never fully attained. Programs change as technology improves, staff turns over, needs are brought up to date, and goals are revised. The programs that remain strong seem to be those blessed with a cadre of people in key leadership positions who are never satisfied, who can live with ambiguity, and who can modify their thinking in response to outcome data. With this kind of evolving, experimental approach, practices need not become stagnant, and improvement is cumulative over time.

# Appendix

*Representative Mainstream Programs for LD, ED, and SM Students*

The 12 programs described here were visited and observed especially for this publication. Most programs had been in operation for 3 or more years. Each program was selected because some agent in good position to know of effective programs recommended it as a high quality, experienced program. In most instances, the agents suggested a number of possibilities but time and budget limitations allowed only a small sampling of the possibilities mentioned. As we visited programs, participants would tell us of other exciting programs they knew about. This leads us to believe that educational opportunities are improving rapidly for learning disabled, emotionally disturbed, and socially maladjusted children.

The descriptions given here will provide only brief sketches of the nature of the programs. These descriptions are offered to entice readers to investigate further by writing directly to administrators of the programs for answers to questions they may have.

Each program visited offered enough to warrant a book about its characteristics. In many cases bulletins are available which describe program characteristics and procedures. In nearly every case staff were reluctant to commit program descriptions to paper because these are fluid programs designed to respond to constantly changing conditions. The ways things are done today may not be the way they are done tomorrow but commonly held working premises have been refined and validated so they are relatively stable. It is these general, well tested findings which we have tried to bring out in the content of this publication and others in the LTI/Special Education series.

Mainstream programs for LD, ED, and SM pupils were observed in the following schools. The information given here was correct as of mid-1975.

**California**

Castro Valley Unified School District
P.O. Box 2146, Castro Valley, Calif. 94546
*Program Director:* Anne TeSelle

Mt. Diablo Unified School District
1936 Carlotta Drive, Concord, Calif. 94519
*Coordinator:* Henry Warnken

**Illinois**

Cooperative Association for Special Education
4 North 114 Glen Ellyn Road, Lombard, Ill. 60148
*Director of Special Education:* E. Richard Dease

North Suburban Special Education District
Stratford Center, 760 Red Oak Lane
Highland Park, Ill. 60035
*Superintendent:* Stanley Bristol
*Director of Developmental Learning Services:* Dr. Margaret Pysh

**Kansas**

Topeka Public Schools
Department of Special Services
1725 Arnold, Topeka, Kansas 66604
*Director:* W. I. Green

**Michigan**

Livonia Public Schools
15125 Farmington Road, Livonia, Michigan 48151
*Director of Administrative Services:* Roland A. Montambeau
*Asst. Director of Administrative Services:* Carol Gardner
*Chairperson, Program and Services for Emotionally Impaired Students:* Ruth Hayes, SSW
*Chairperson, Learning Disabilities Program:* Nicholas Lovich

**Minnesota**

Minneapolis Public Schools
Department of Special Services
807 Northeast Broadway, Minneapolis, Minn. 55413
*Director:* Richard Johnson
*Coordinator of Resource and Special Class Programs:* Rita Grismer

Roseville Area Schools
Independent School District No. 523
Department of Special Education
2939 Western Ave. North, St. Paul, Minn. 55113
*Director of Special Education:* James Geary
*Coordinator of SLBP Services:* Irene Herk

**New York**

Bear Road Elementary School
North Syracuse Public Schools
5590 Bear Road, North Syracuse, N. Y. 13212
*Principal:* Thomas Scholl

Board of Cooperative Educational Services (BOCES) #2
Office of Special Education
Brockport St. High School, Allen St., Brockport, N. Y. 14420
*Director of Special Education:* Louis V. Messineo

Rochester Public Schools
Department of Special Education
Room 100 Executive Office Bldg., 36 Main St., Rochester, N. Y. 14614
*Director of Special Education:* Bernard Greenberger

**Washington**

Tacoma Public Schools
Tacoma Ave. at South 8th St.
Box 1357, Tacoma, Wash. 98401
*Asst. Superintendent of Pupil Personnel Services:* Henry Bertness
*Administrative Assistant for Special Education:* Ralph Baird
*Coordinator:* Gwen Post

## California

*Castro Valley Unified School District*

The Castro Valley Unified School District provides a program of support services for educationally handicapped and educable mentally retarded students in grades K-6 who are maintained successfully in regular classrooms for at least part of each school day. A Team Learning Center (TLC), which provides supports for both teachers and parents, serves the district's 11 elementary schools. Five or six years ago nearly all special education service was provided in self-contained special classes.

The TLC was developed initially with the help of ESEA Title VI-B funds, but it was operating primarily under state and local funds during the 1973-74 school year when I visited the program. The state education agency provides special financial support to help the program disseminate its findings and provide inservice for other local education systems. The state education agency considers the program a desirable one for other California districts to adapt to their own needs.

The program model provides the following services which are consistent with the requirements of California's Master Plan for educationally handicapped students:

1. An assessment team plans individual instructional goals for each student.
2. A resource specialist coordinates the implementation of the educational plan and provides consultation and assistance to regular classroom teachers and direct service to students.
3. Parents are closely involved in all phases of planning for their child. In addition, parent effectiveness classes are offered.
4. An inservice program has been developed for both regular and special staff to increase their ability to work with children with exceptional needs.

The program was pilot tested in one school for one year before it was extended districtwide extension under the Title VIB funding. Program components were "armchaired" initially. The relation of the special team support system to the district's total system of special education is illustrated in Figure 3.

The support team emphasizes the individualization of regular classroom programs to meet the special needs of LD, ED, and SM children. Great care has been taken to insure the coordination of all personnel mobilized to serve a particular child by laying out a plan in advance on paper. The *Student's Learning Prescription* form details assessment data, examiner(s), instruments used, assessment results, educational implications of the assessment data, learning/teaching recommendations, the personnel who are to carry out the recommendations, steps to be followed in the implementation of the recommendations, and the criteria by which the outcomes in each area will be evaluated. The project found it necessary to go to such detailed lengths because "so many problems of parents, teachers, and children are fed by people not being consistent — saying one thing and doing another." The prescription form was developed to promote consistency.

The TLC staff try to do most of the paper work. The program's leaders see the key factor in successful service as the process that gets the team functioning effectively.

A child may receive supportive instruction from a special teacher in a Learning Assistance Center (the program's term for a resource room) in addition to any special instructional accommodations the regular class teacher may provide. (S)He may receive help from a cross-age tutor or her/his parents; the program provides instruction to parents so they can help the child progress toward mutually agreed-upon goals.

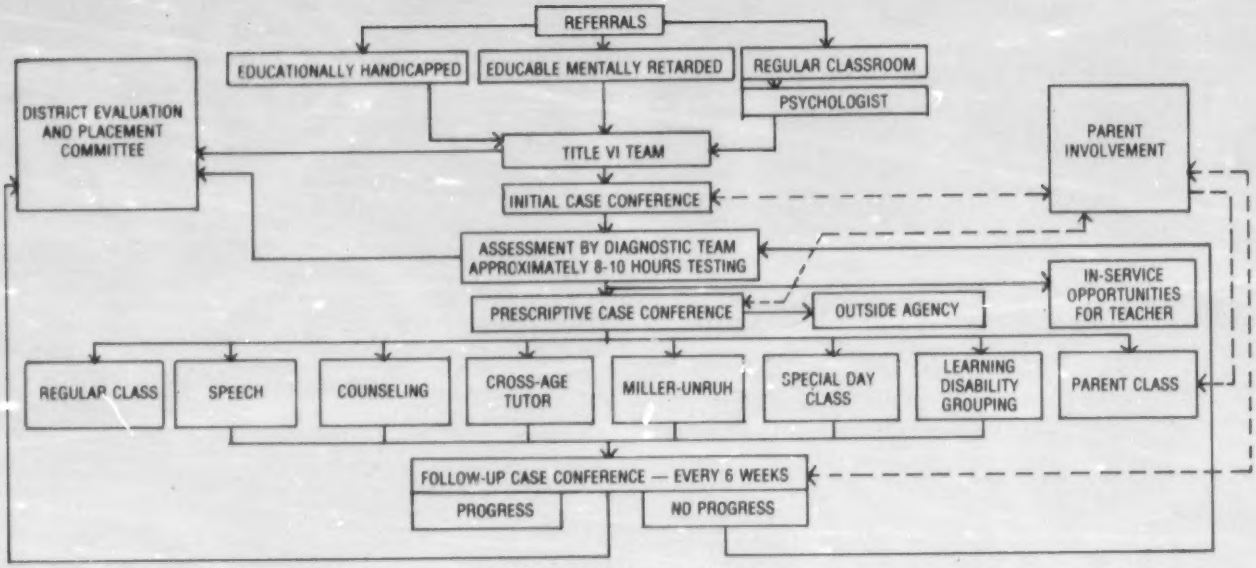


**Figure 3.** The Decision Making Process for Each EH Child Within the Systemwide Service Possibilities. *Source:* Castro Valley Unified School District.

The program affirms its belief in the need to help regular class teachers through strong inservice education provisions. Inservice is offered at two levels: awareness, which describes how the program functions; and actual skill training. Regular teachers who have pupils receiving TLC service are released from their classrooms to participate in the assessment, planning, and evaluation procedures and to observe special instruction techniques. The released time is made possible by substitutes who are employed to take over the regular teacher's classroom during absences. State special education aids help to cover the costs of the substitutes.

Parent education also proceeds at two levels: (a) providing awareness of what will be done for the child, and (b) direct counseling and instructions in behavior management techniques.

It is noteworthy that the cross-age tutoring program originally was pitched at helping the tutors and not just the children tutored. Children with learning problems were selected to help younger children with similar problems. A formal training program for the tutors was developed. Systematic evaluation has indicated that both the tutor and the tutee benefit. In some instances regular teachers have become so interested in and convinced of the values of cross-age tutoring that they train all children in their rooms to serve as tutors. If the regular teacher does not have the time, interest, or skills, the TLC provides the tutor training.

The tutor-training program tries to (a) create awareness of the feelings of self and others and acceptance of the idea that it is O.K. to have unhappy feelings, sometimes, but good to work them through, (b) teach principles of positive reinforcement through such activities as charting the consequences of positive vs. negative reinforcement, and (c) provide tutors with techniques for helping a tutee with undesirable behavior. A tutor meets with a tutee at least three times a week. Sometimes a tutor writes lesson plans but usually a teacher establishes the tutoring plan.

The results of the cross-age tutoring program have been so good that the practice has spread rapidly throughout the system. In one elementary school I visited, all children were either tutoring or being tutored at 12:40 p.m.

Child progress is reviewed monthly, although informal evaluations are made between times through criterion-referenced, not norm-referenced, instruments. The regular teacher participates in the monthly review.

The number of children served by the program is limited. State regulations limit the enrollment of children in EH programs to 2% of the school district's total enrollment. In addition, EMR and VH

students are served. The state maintains no special certification for EH teachers per se. In this district, about one-half of the resource room teachers are certifiable under the criteria for teachers of EMR or VH. School psychologists involved in the EH program are not paid through the special education program. Services for the Educationally Handicapped are classified as special education in California and reading specialists are supported through Miller-Unruh program funding.

The most severely disturbed pupils in the district are sent to county operated treatment facilities.

By March of the 1973-74 dissemination year, more than 300 people from 40 California districts had spent a morning with the project and given their evaluations of the program's materials and process. In 10 workshops conducted in other districts, 322 participants indicated interest in developing the assessment-prescriptive approach in their own schools. A graduate course in preservice training for learning specialists was provided for credit through nearby California State University at Hayward. Twelve teams of 6 people each had come to the TLC for intensive training in the assessment-prescriptive approach. All districts receiving training agreed to implement the approach and all have done so. Training materials vary widely. (The program has a list of priced training materials for anyone who wishes to purchase copies of any or all of the components for review.)

The conclusions arrived at by the Castro Valley program on the desirable components of continuing education seem sufficiently consistent with findings elsewhere to include here some of the minicourse topics which are available through inservice offerings.

1. Why integrated or mainstreamed education for exceptional children should be practiced and what it entails.
2. Educational diagnosis and prescriptive teaching.
3. Precision teaching, contingency management techniques.
4. Affective education (techniques for reflective listening and better communication).
5. Training for parents.
6. Use and training of cross-age tutors, paid classroom aides, and volunteers.
7. Instructional materials and methods.
8. Effective use of personnel resources (conference, consultation, and other program management techniques, effective case management techniques).
9. Evaluation techniques.

*Mt. Diablo Unified School District*

The Mt. Diablo program for educationally handicapped children is one of the largest in the state. It serves the districts of Concord, Pleasant Hill, Walnut Creek, W. Pittsburg, and St. Martenas, which enroll a total of roughly 45,000 pupils in 58 schools. The EH program involved 108 teachers at the time of observation (up from 95 during 1968) with over half of them working at the elementary level.

The services included 23 special classes during the 1973-74 school year, extensive tutorial assistance, and other support services. Nine of the special classes serving all districts are located at the Treat Learning Center, which also houses the program's administration offices. Other classes and resource rooms are maintained in the local neighborhood schools. A total of 896 pupils were enrolled in the EH program.

The sequence of referral and problem management flows from the regular class teacher to the building principal to the school psychologist. The principal meets with parents to secure their approval before any testing is initiated. A dossier of the child is compiled for the program's Admissions Committee and includes the findings of a thorough problem analysis. The Committee must then decide whether the child is in need of (i.e., is eligible for) service through the EH program and how the service should be delivered. An annual case evaluation by the Committee and a monthly review of each child's progress by the service program are required.

The number of pupils entering the program in September 1973 was 54, roughly in balance with the 51 who left the program during the month. Of that 51, only 12 (23.5%) were removed by the Admissions Committee. The other children left for a variety of reasons; for example, the largest number, 24, moved out of the district. At the time I was there, the program had no waiting list for the first time in four years; nonetheless it was restricted by the state's 2% limit. (See description of Castro Valley program.)

The program is trying to involve each student in making his own program choices as much as possible. Student signature indicating that (s)he wants to be enrolled in the projected individualized program is required at the sixth grade level and above. Students at this level can sign themselves in or out of the program at will. The approach has been successful.

Enrollment is declining at the elementary level in the districts served by the Mt. Diablo EH program. Currently (spring 1974), the enrollment bulge is at the secondary (sophomore grade) level. An "Opportunity High School" offers a program that allows half-day

school attendance and half-day on the job, and EH students are permitted to enroll it it. This program runs into the problem experienced by all such programs: Few secondary teachers know how to help secondary students with the basic skills in which they are deficient.

The Mt. Diablo program staff find that the longer the EH program is in existence, the more difficult or disabled seem to be the children for whom help is sought. These are the children who previously would have been enrolled, very likely, in the EMR program. They are considered to be not so remediable as the former EH program enrollees. The staff questions whether these more severe cases ever can be adequately educated in regular classes, either with or without support services to their regular class teacher and child.

In comparison with pupils served through resource programs or special classes in neighborhood schools, more pupils in the EH program have been successfully released from the segregated Treat Learning Center classes to regular classes. In-depth analysis of this finding is not complete, but there is speculation that the Treat Learning Center program, which includes stronger interdisciplinary staffing than that continuously on site in the local schools, provides a broader and more effective rehabilitation service than the local building system. Administrators of the program are attempting to develop another facility like the Treat Center.

This program appears to be a strong example of those that are committed to continuous improvement through systematic program evaluations. The program's leader is convinced that the importance of educational leadership in achieving adequate service for handicapped children must be better recognized in Master Plan policies for several reasons: (a) the districts served regularly experience about a 50% turnover in their teaching staffs. This loss impedes the achievement of greater regular teacher competence through the inservice training which is inherent in California's Master Plan for the EH; (b) leaders must be developed who can articulate the needs of the less severely handicapped children to a public and administration who are basically inclined to throw its support in two different directions — to "those who can profit most" from education and to the severely handicapped, who are few in number but more readily engage public sympathy.

Administrators in this program see the need to define more clearly what constitutes a reasonable work load for regular teachers. They are convinced that teachers need strong back-up support if they are to serve EH children successfully, and that the regular reward systems for performance do not adequately reinforce teachers for trying to help such students. The reluctance of school princi-

pals to take back into their schools the pupils who have been enrolled in EH programs elsewhere is a barrier to the full realization of program goals. The reluctance is seen as an end result of many unresolved issues.

Program staff believe that their experiences indicate that children with serious learning and school adjustment problems can be turned around faster if their problems are identified earlier and school staff are trained to help the children. The staff appreciate the class action suits which have helped to clarify public policy toward children with special educational needs; they believe that these suits help them to advocate more effectively for the children whose needs are their service responsibility.

## Illinois

*Cooperative Association for Special Education (CASE)*

The program services seven school districts in DuPage County in northern Illinois, just west of Chicago. The administration is established under the Illinois system of regional special education service units. I visited schools in two districts — Glen Ellyn and Lombard.

An amendment to the school code, effective July 1972, added learning disabled children to the roster of handicapped children for whom Illinois schools are required to provide service. Around 1964, parents had promoted the development of classes for children whom they wanted called "perceptually handicapped." These classes were the first and only self-contained units provided for children who may now be termed "learning disabled." A number of quite severely disabled children were included in those classes. Within two years, most of the children had been dispersed to private schools, MR classes, or other facilities, where the interdistrict cooperative (CASE) promoted the development of resource rooms and a continuum of services model to serve the children.

The most severely handicapped children are in interdistrict programs, and the more able are provided with district services supported by CASE. Many districts served by CASE started with special classes for LD children and/or special itinerant teachers for them. Now, most districts have a resource teacher in each elementary school and most of the secondary schools. As a rule of thumb one district places in interdistrict self-contained classes only children requiring special help outside the classroom for more than 50% of the school day.

State special education aid is calculated on the basis of the number of teaching and support staff employed, their salary level, and

certain other special program costs such as instructional materials and transportation. Special state aids can be used to help defray the costs of nonprofessional classroom aides and, under carefully controlled conditions, the costs of special education resource or diagnostic-prescriptive teachers whose primary role is to provide support to the regular teacher rather than direct instruction to children. All special classes in the districts served by CASE had a classroom aide whose salary was partially supported by state special education aids; but the State Education Agency required districts to pilot test the consulting or support teacher model and demonstrate their ability to function consistent with the models' principles before special education aid was authorized for this support role on a sustaining basis.

One of the school districts I visited employed an educational specialist whose primary function was to play a key role in educational diagnosis, program formulation, and follow-through; in the last function she assisted the regular teacher in implementing the mainstream aspects of the child's program.

Among the materials which have been worked out to facilitate mainstream service programing in one of the school districts served by the CASE unit is a handbook developed for regular class teachers ("Understanding the Child with a Learning Disability").

SEIMC (Special Education Instructional Materials Center) resources and services are woven into the service delivery system to facilitate the process of program prescription and execution. Building resource teachers invest significant periods of time in developing instructional materials which are needed in the classroom for individual child instruction. These resource teachers have the primary responsibility of identifying needy eligible children; otherwise, they confer with regular teachers and suggest ways to improve the instruction of children with special needs.

Building based programs are designed, as one agent put it, to be "low profile." Program practices emphasize that any child is likely to need special help sometimes. The system of soliciting help was devised by a resource teacher in one of the schools served by this Cooperative. Resource teachers are able to use released time to improve such skills as sharpening their observations of classroom tasks, and refining their methods of expressing the observations to achieve better communication and more effective approaches to problem amelioration. It appears that many of the present resource teachers began their service in special education in self-contained LD or EMR classes.

Principals in the schools chair the team meetings on individual children. This procedure represents a significant shift in practice.

A mental health center in the area provides services without cost to the CASE program. Services for maladjusted children follow the same principles of maximum feasible mainstream participation as are followed for disturbed or learning disabled students.

*North Suburban Special Education District*

Administered by another of Illinois' interdistrict special education cooperatives, the North Suburban Special Education District (NSSED) was formed in 1960 by 23 school districts in an area just north of Chicago (all public elementary and secondary schools in Wilmette, Kenilworth, Winnetka, Glencoe, Highland Park, Highwood, Lake Forest, Lake Bluff, Bannockburn, Deerfield, Northbrook, Northfield, and Glenview). A campus located in the Highland Park district includes Stratford School, which houses "special education classrooms not appropriate for housing in regular school buildings," and Stratford Center, which is the headquarters for the diagnostic, supervisory, and administrative functions of NSSED.

By the end of 1973, NSSED was operating over 200 classrooms for disabled children of all types, up from 5 in 1960 when the cooperative was formed. The special classrooms include, among others, an off-campus center for disturbed adolescents (located in the Lake Bluff district) and two child development centers for 5 and 6 year olds who have been determined unlikely to succeed in regular kindergarten or first grade programs. These separate placement opportunities represent a point on a full continuum of services; the continuum encourages a developmental, nonlabeling approach to special education service delivery. This orientation is reflected in the title — The Child Development Program — that designates the system of services for educable mentally handicapped (EMH), behaviorally disordered (BD, ED, SM), and learning disabled (LD) children. The program is described by James Mooney, Director of NSSED Study services, and Betsy Tremulis (1972) in "The Child Development Program: Label Free Teaching."

The decategorized approach to programing began with the establishment of The Child Development Program for 5 and 6 year olds who were deemed vulnerable to failure in regular kindergarten and first grade classes. In 1972, the movement began to subsume all of the categorical programs listed in the preceding paragraph under the one broad designation of Developmental Learning Services (DLS). During the first year, attention was concentrated on children graduating from the second year of The Child Development Program; children who had not been picked up by that program but were eligible for special education help were added, as well as a few newly formed noncategorical classes at the primary and intermediate levels.

During the initial 1971-72 phase, we developed an internal review to formulate a supervisory-administrative structure that would be more in keeping with the nonlabeling, noncategorical intention. Dr. James Chalfant worked with the NSSED and local school personnel over a period of many years during his tenure at the University of Illinois; since moving to the University of Arizona, he has decreased his participation. His services have had particular impact on the DLS program, as has other outside consultation in various aspects of NSSED operations.

Although state education agency regulations require that children be categorized for reporting and accounting purposes, the districts are free to deliver service without labeling either children or programs at the direct service level. It was evident when I interviewed and observed teachers that they were so oriented to the specific functional needs of children that they were unconcerned about any child's official categorization. When asked how a child was categorized, they often had to go to the records to find out.

The web of special education services covering the 23 districts emanates from both local district and NSSED employees. Local districts have expanded in their teaching resources by adding itinerant and resource teachers, but they rely on NSSED for most of their diagnostic, inservice education, and special class placement needs. NSSED also provides DLS itinerant teachers for whose services local districts pay on a tuition basis.

NSSED employs what it calls Teacher Consultants; they are assigned to schools to provide supervisory and consultative help to DLS programs. Each school served may call upon an interdisciplinary team that includes a psychologist, social worker, and the assigned Teacher Consultant.

Building principals play a key role in coordinating local regular education resources, local special education services, and NSSED resources. The sophistication of the principals interviewed was most impressive. They have been instrumental in establishing learning environments which are geared to developing the individuality of each child, nonhandicapped as well as handicapped. The principals noted that adequate procedures were available for working out differences of opinion about a child's readiness to return to a program in his home school after he had spent some time in an NSSED-administered program in another school. It was apparent, during my observations, that problems still center on this point.

DLS programs are available across the full school age range. The common modus operandi at the secondary level is the Learning Resource Center. The plan of service developed at one junior high

school reflects the thinking that pervades the DLS program development; it is quoted here for that reason. (The service plan is referred to as the "Householder Plan," in recognition of the developmental contribution of Mrs. Jeanne Householder.)*

Exceptionality is defined in terms of the situation, rather than the student:

> An exceptional school situation is one in which interaction between a student and his teacher has been limited to such an extent that external intervention is deemed necessary by the teacher to cope with the problem. (Lilly, 1970, p.48)

The problem is teacher-student relationship, and the basic behaviors and circumstances involved. Solution lies in analysis of the situation in order to decide which factors could be changed or adapted to create a better working relationship. There is no blame placed on either the teacher or the child.

The Householder Plan is formulated on the basis of the following objectives:

a. To provide a program which allows for as many students as possible to be maintained in the mainstream of education.
b. To provide a program for the exceptional child which prepares him both academically and socially for return to the regular classroom.
c. To provide a smooth transition whereby a student who is receiving remedial services from the resource center can gradually and successfully return to the regular classroom.
d. To provide consultation and support to the regular education teacher to enable her to cope more adequately with the exceptional child in her class.
e. To provide a program which is capable of serving a greater number of children than were previously helped in a special class setting.
f. To eliminate the use of diagnostic labels and categories in regard to placement of students.

The Santa Monica California Madison School (Deno, 1973) plan was used in this school as illustrative of the ways in which service can provide a graded set of experiences designed to prepare the child to function in regular class. In effecting the plan, two special education teachers who had previously taught special classes in the building combined to manage the resource room services. They adapted their individual roles and functions to provide the following levels of intervention based on the Stearns and Swenson model:

*Jr. High Special Education Program, Glenco Central.

1. *Consultation to regular teachers.* Time was allotted for the learning development teachers to serve this function. Assistance provided to regular teachers includes providing them with training in such techniques as task analysis, precision teaching, informal diagnostic techniques suitable for regular classroom use, and introduction to appropriate special instructional materials and methods. Regular teachers can observe resource room procedures and techniques.
2. *Teacher aide.* The Developmental Learning (DL) teacher may work in the regular classroom as a teacher aide rather than remove the child from the room for instruction, upon regular teacher request and under appropriate conditions. The teacher aide may work with a small group of students requiring similar help while the regular teacher works with the rest of the class.
3. *Supplementary instruction.* Direct remedial instruction is provided to pupils deficient in essential school skills.
4. *Diagnostic referral agent.* The DL teacher assists in preliminary determination of where a student should be referred and for what kind of service, if building resources are inadequate to meet the student's needs.

Procedures of referral, plan development, and implementation are described in the paper that outlines the Santa Monica plan. It is understood that practices are always evolving to fit changed circumstances, including changes in teachers, their interests, and their skills.

The NSSED provides a highly elaborated, forward-looking program of support services. Its efforts to continually improve its services include the reorganization of its administrative structure and practices as well as the ways of delivering service and the advice it offers to local districts.

## Kansas

*Topeka Public Schools*

When two major agencies in a city are devoted to the habilitation of students with learning and behavior problems, what influence do they have on the public schools system? I visited Topeka to find out. Both the Menninger Clinic, world renowned for its clinical services and research, and the University of Kansas, which trains professionals for work with children exhibiting behavior disorders, have provided consultation and other services to school programs over many years.

The school district is also where the *Brown* vs. *Board of Education* case originated. The court decision and its supporting arguments have been the basis for practically all subsequent cases turning on the right to equal educational opportunity. Ironically, at the time I was in Topeka, the same school which had been involved in the Brown case was now the focus of a new case designed to test the legitimacy of busing to achieve racial integration.

For unavoidable reasons, the interviews and observations planned for the Topeka visit could not all be completed. Nevertheless, light was shed on at least some of the questions that stimulated the visit to the Topeka program.

The Topeka school system enrolls roughly 22,000 pupils. Special Education legislation passed in March 1974 (the time of the visit) mandates school districts "to provide for educational opportunities which will contribute to the development of each exceptional child in this state in accord with his abilities and capacities." The mandate applies to children between the ages of 5 and 21 years. School districts may provide services to children younger than 5 years and receive state aid for approved programs.

Several features of this law are worth noting because they reflect trends of the times:

1. "Exceptional Children" are not defined categorically, as has been traditional in laws; instead, they are defined as persons who "differ in physical, mental, social, emotional or educational characteristics to the extent that special education services are necessary to enable them to progress toward the maximum of their abilities and capacities."
2. The development of a comprehensive state plan for special education is required.
3. A state advisory council for special education, which must include representatives of community organizations interested in exceptional children as well as other child-serving agencies, is established.
4. Local school districts are authorized to contract with other agencies or institutions to provide approved services.
5. Special education services must be provided by state institutions and the services must meet the operating standards set by the state board of education.
6. Parent/child/guardian right to a hearing when a child is "excluded, reassigned or transferred from regular classes on the ground that he is an exceptional child and cannot materially benefit therefrom," is specified.

7. The minimum procedural rights implied in the child's right of due process are given as follows:
   (a) the right of the child to have counsel of his own choice present and to receive the advice of such counsel of other persons as he may select;
   (b) the right of the parents or guardians to be present at the hearing;
   (c) the right of the child and his counselor advisor to hear or read a full report of the testimony of witnesses responsible for recommending the proposed action and of any other material witnesses;
   (d) the right of the child to present his own witnesses in person or in testimony by affidavit, including expert medical, psychological, or educational testimony;
   (e) the right of the child to testify in his own behalf and give reasons in opposition to the proposed action;
   (f) the right of the child to have an orderly hearing;
   (g) the right of the child to a fair and impartial decision based on substantial evidence.

The law requires that the person conducting the hearing be a certified employee of the school system but not the person recommending the challenged program. The hearing must be set at a time and place convenient to the parent or guardian.

At the time of my visit, the Topeka program of special education was still categorically organized. The only departure from traditional classifications was the use of the term "developmentally disabled" to cover children who were mentally retarded (both educable and trainable), cerebral palsied, epileptic, and learning disabled, as required by 1973 educational legislation in that state. Services for gifted children and special education services for handicapped children were provided through the Department of Special Services. School social work and psychological services were part of the program. The main thrust of the services to children with learning and behavior disorders is to maintain them in the normal milieu during their treatment or reeducation to the maximum possible extent. Yet the placement opportunities include a resource which is not available to most school districts these days: a special school for disturbed children that serves the entire school age range. Administered by the Menninger Clinic, it is housed in a separate building on the Clinic's grounds.

On the question of the impact of outside influences, one suspects that there are so many ideologic winds blowing in the immediate area of Topeka that school people find it hard to steer a clear course.

The national headquarters for all Veterans Administration hospitals is located in the city, for example. The ideology reflected by the staff of this institution is heavily psychoanalytic and oriented to the thinking of the Menninger Clinic, which has a strong psychoanalytic history. The Kansas Neurological Institute is learning theory oriented; and the University of Kansas special education training programs try to reflect the best of all empirically documented techniques. Although they are probably best known for their work in learning theory applications, many University of Kansas staff members have tried to bring behavioral and interpretive approaches together in a rational perspective in recent years.

These ideologically different institutions in the community impact upon the school system in many ways. For example, staffs of the institutions have much community prestige; they speak out forcefully in the community and state to urge actions which they consider desirable for children with problems; they are elected to school boards, to the great benefit of the districts they serve; they are effective members of advisory counsels; and they diagnose children and make recommendations which may be questioned by the schools but which awe parents.

The University of Kansas' conceptual bridging of behavioral and interpretive approaches to learning and behavior improvement has not yet resolved all ideologic differences in the Topeka Schools' program. However, the staff are aware of the theoretical roots of many of their problems of rationalizing service for more effective delivery.

As in most other school districts, the ED program was organized first in this district. It was heavily influenced in its development by the Menninger Clinic. Staff from that institution served as consultants and taught courses on the management of disturbed children. The ED program, consequently, reflects the impact of their strong commitment to psychoanalytic explanations of behavior and interpretive approaches to the modification of child behavior. On the other hand, the leadership and practices of the LD program seem to reflect a commitment to behaviorally oriented approaches (i.e., behavior/task analysis, careful contingency management, criterion-referenced teaching and progress evaluation, and direct teaching of essential life skills) although interpretive approaches are employed when they seem promising or essential for the individual child. The influence of the University of Kansas training is clearly reflected in the LD program.

So the district struggles to improve itself in accord with the schools' mandated obligations to children through ways that are

ethically and philosophically sound; credible, according to well-formulated theory; based on the empirical evidence of sound research; and enabled by technology.

## Michigan

*Livonia Public Schools*

The Livonia Public Schools provide special education services for all handicapped children who are eligible for service under Michigan's educational code. Its program for emotionally disturbed students and the thinking of school personnel involved in the service to such children reflect the influence of Dr. William Morse who has provided consultative help and inservice education to principals, support personnel, and teachers over a period of many years.

Variations of the crisis teacher strategy developed by Morse and his associates at the University of Michigan are seen at both elementary and secondary levels. Service delivery strategies are not limited to this intervention model, however. The term "helping teacher" is used to designate people who are prepared to work with emotionally disturbed children in special class or resource room settings on a regularly scheduled basis, not just in crisis situations.

At the elementary level, self-contained classrooms are maintained for the emotionally impaired. These children are integrated into regular classrooms for special subjects such as art, music, and physical education, or for portions of the regular academic program. Such integration can begin upon a child's entry to the special education classroom or as soon as he develops an adequate behavioral readiness. Children enter these special classrooms in accord with procedures identified in the Michigan Mandatory Special Education Act. Teachers have a role in forming the composition of their classes. The unique feature of this program for emotionally disturbed children is that a helping teacher (or more than one) is assigned to each school where there is a self-contained classroom. Thus, each teacher has access to a trained person with whom the teacher can team in planning, developing intervention strategies, obtaining crisis support, and so on.

As in many special education programs around the country, in the Livonia Public Schools the ED program was instituted before the LD program. The history of the LD program goes back to Michigan's practice of typing mentally retarded students according to functioning capability. Type B was the designation given the severely retarded, Type A the moderately retarded, and Type C the borderline mentally retarded. In this district, services for Type C were inte-

grated. The students were served in their home schools by itinerant consultants, speech therapists, and remedial reading teachers. The itinerant consultants worked mainly in math, handwriting, and social studies.

The program, however, was not well coordinated; each special service teacher was able to pull a child out of a classroom at will without regard for the activities going on in the room or consideration of their value to the child.

Special and regular education representatives met periodically for more than a year to examine their roles, the ways they diagnosed and treated students, and their other functions. Much overlap of effort became apparent. Thus, a decision was reached to provide better integrated service under a LD program in which the roles and functions of participants would be defined in advance to permit a more rational, better controlled team effort. A new kind of staff person, the Learning Disability Specialist, was given the central role in the diagnosis, program planning, and implementation processes. The program was designed to replace the traditional Type C service and to serve LD students as well.

Initially, regular teachers feared that they would not receive as much expert help for their students through this new system as under the old arrangement. The fears led to the evaluation of the services each year; teachers and administrators rated, for example, how good they thought the service was, what functions it should have fulfilled, and whether the services were adequate, in addition to evaluating child progress. The results of the evaluations have been a strong impetus for the expansion of the program.

Currently, 700 to 800 regular teachers and 40,000 children are served by the program. Building Learning Disability Consultants work with children individually and provide consultative help to teachers. An interesting aspect of the program is that any child can refer himself for LD services.

In the opinion of the administrators responsible for the program, the present services are effective because of a distinctive style or process in the organization of school programs and services.

Administratively, two different program streams run concurrently and the teachers identify themselves with one or the other. In general, the streams are distinguished, as are most training programs, by the emphasis on social-emotional adjustment problems in the ED services, and the emphasis on the remediation of language and basic school skill deficiencies in the LD stream. These distinctions, which are historical in origin, are being eliminated by assigning both kinds of teachers to the same building and the same

children when both kinds of help seem to be needed and the regular classroom teachers are not able to provide it. A teacher's inability may stem from either the lack of time to fit the required help into her/his schedule, or the lack of preservice training in the needed intervention, or both. The special education administration of this district is developing plans to coordinate the delivery of services so that the impact of the traditional categorical compartmentalization of programs will be reduced.

Under the skillful management of building principals, the best of all available approaches is exploited to the full advantage for each student. The principals' skills in managing the delivery of services and the justifications for the management reflect a thorough understanding of the theories behind the various approaches. Knowledge of theory permits the principals to introduce any approach which is consonant with building circumstances and available through any school or community system. The principals and supervisors I interviewed were inclined to credit the help of Morse and others for their achieving the understanding of environment-person interaction effects to manage individual child programs. The strategies being used have gone through many years of development and practical tests of effectiveness.

This longstanding attention to the social-psychodynamic roots of behavior may play some role in encouraging the political involvements that were mentioned by a number of staff members. Several of them spoke of the activities in which they participated to promote the environmental and learning conditions that they thought were most beneficial in the long run for children.

Clinical and residential treatment center resources administered by other agencies are also available to the children in this district. School personnel include these resources among the treatment possibilities for children's problems. Close coordination of efforts appears to be fostered although the programs are not jointly administered at present.

Principals and teachers participate in planning conferences with programing and placement of children governed by Educational Planning and Placement Committees (EPPC). Parents are participating members of the committees and must agree with the final decisions.

An EPPC meeting of school administrators and staff with special education (ED) staff was observed. For the child in question, the self-contained ED class was not seen as preferred. The school social worker who knew the child and his family was asked to discuss several options with the family in an attempt to meet their critical

problems. The options included residential placement and ED placement in school accompanied by treatment in the community Family Service Agency. After the school social worker's conference with the parents, they would be invited to participate in the EPPC meeting where the final plans for the child would be made.

An EPPC meeting was held for a student about to enter a senior high school. He had been in a self-contained ED class throughout most of his elementary school years; in junior high, he had been aided by the crisis teacher and the learning specialist. The meeting revealed the receiving school's commitment to adapt curriculum and delivery methods to the boy's individual needs. Recurring recognition was given to the student's need to see school as just one aspect of his total world, and concern was expressed that the student not lose sight of his competence in many life areas because of his difficulties in coping with some school tasks. The EPPC committed itself to make school actions supportive of the psychiatric counseling in which the boy and his parents had been involved for years. Discussion on this point made it clear that some group and individual counseling was provided in this school by counselors, school social workers, and/or psychologists for students with personal and social-adjustment problems.

Independent study for physical education credit was among the options available to individualize curriculum offerings. Also available was peer tutoring to help students with the heavy reading requirements of some courses.

## Minnesota

*Minneapolis Public Schools*

The Minnesota state education agency has encouraged integration since the establishment of its special education department in 1957. State special education aids are granted on the basis of numbers of special staff employed and other costs, not on a per child basis. Although the state agency requires that the children served in special education programs be categorized for reporting purposes, the children are not given categorical labels at the local level where the direct service is provided.

The Minneapolis district enrolls approximately 50,000 students (1977), a substantial decline from enrollments of over 70,000 in previous years. However, the enrollment in the district's special education program has continued to increase despite the fact that it now serves fewer suburban areas. Nevertheless, the Minneapolis district continues to serve many nonresident students in the treat-

ment facilities which are located within the district boundaries. A number of these treatment facilities serve emotionally disturbed and/or delinquent children.

The district has concentrations of minority populations, particularly in the inner core of the city. It has the largest Native American population of any large city in the country.

Since private schools for handicapped children have not been common in Minnesota, the one opened recently for learning disabled children represents a new development. The state agencies and local districts do not favor the development of segregated public school programs for children who are emotionally disturbed or learning disabled or who present behavior problems. School systems have been encouraged to serve such children in their regular schools or, if other placements are indicated, to provide special education programs in community hospitals, mental health centers, or other residential treatment centers. The district follows these guidelines.

The Minneapolis school system operates the educational program at the Hennepin County Juvenile Detention Center and the Glen Lake Center for delinquent boys and girls. Costs are shared by the local school systems from which the children come and the county correctional system. State special education aids apply to the costs incurred by this arrangement to the local education agency.

The school system supplies the teaching staff, instructional materials, and program supervision for children residing in the psychiatric units of city hospitals, and it provides both on- and off-campus education for disturbed children domiciled at a residential treament center for disturbed children. In addition, a limited number of special classes were provided (1973-74 school year) for children with behavior management problems of such severity that the learning conditions they need cannot be provided in a regular school building.

Nevertheless, all of these provisions are exceptions. The primary service assumption of the Minneapolis special education program is that children with learning and behavior problems can and should be educated in their home school buildings, within the mainstream "normal" childhood milieu, and in that setting should be provided whatever services are required to meet the children's special needs appropriately and effectively.

Since the formal inception of the special education department in 1958, services for children with learning and behavior problems have been developed along a continuum of placement options. Although in the early operations delivery depended heavily on special

classes, there was rapid movement away from this mode and a strong buildup of support — supplementary instructional services to maintain the students in regular classes.

The program for learning and behaviorally disordered students has been in existence since 1958. Because it has spanned the changes in special education philosophy, it has been subjected to all the ideological conflicts in the field. The program started with special classes for those children called "emotionally disturbed"; its administrators decided quickly that there were better ways of serving the children and they began to develop integrated services: first, half-day special classes, then resource rooms. As interest mounted in the possible educational implications of "brain damage" (later referred to as "minimal neurological impairment"), dissatisfaction mounted over the fact that disturbed children with reading problems still had reading problems despite placement in classes for the emotionally disturbed.

Because difficulties were constantly encountered in trying to return to their home schools children who had been marked by placement in a special facility for the "disturbed" or "neurologically impaired," a strong effort was made to develop building based resource room systems. ED, LD, and SM children began to be served through one delivery system, which was known as the Special Learning Disabilities (SLD) program. Later, when the state education agency changed its program designation, it was called the program for children with Special Learning and Behavior Problems — the SLBP program.

As the success of this system became evident and efforts began to extend the model to serve educable mentally retarded children at the elementary level, a movement began to coordinate the work of the two resource systems (EMR and SLBP). A University of Minnesota program was instituted to prepare Special Education Resource Teachers (SERTs) who would be able to play a pivotal role in needs assessment, individual program prescription, assistance to regular class teachers, and direct instruction in school buildings for most mildly or moderately handicapped children. This resource system approach assumes that hearing, speech and language, vision, and other types of specialists will be available to provide needed in-depth expertise in special cases. The systems developed are detailed by Grismer and Johnson (1972) and S. Deno and Gross (1972).

The refinement of these service systems continues. The Minneapolis Special Services Department reorganized its administrative structure to accord with the thesis that service should be delivered according to functional needs rather than by categories of disabili-

ties. (For the rationale and structure of this new administrative approach, see Johnson and Gross, 1973.) The University of Minnesota develops offerings in its professional training programs which are consistent with the delivery of special education services in the Minneapolis district. A number of joint University of Minnesota-local education agency staff appointments facilitate both the preservice and inservice training of education personnel.

The Minneapolis school district provides a degree of variation in its regular education program that requires a highly flexible response from the special education systems. The district was selected as a site for one of the federally funded experimental school programs and Minneapolis established a pilot program in alternative educational approaches (the Southeast Alternatives program). When the pilot test proved the feasibility of offering alternative educational approaches as a parent-student choice, the school board moved to make such alternatives available throughout the district. The alternatives among which parents can make choices are continuous progress schools, open schools, modified open schools, and free schools.

In addition, the administration of the district schools is decentralized to the extent that each high school and its feeder schools constitute a relatively independent administrative unit, called a "pyramid." The intention is to give the immediate community, and especially parents, more voice in the education of their children through participation in policy setting.

The alternative schools are not just structurally different; they are psychologically and philosophically different. The system, therefore, must be able to adjust to ideological as well as mechanical differences in local building characteristics. Consequently, a wide variety of management alternatives has been developed which permits the adjustment of service to differences in schools. The building based resource teacher gives front line service to those students with learning and behavior problems who are maintained in regular classrooms, and becomes the facilitator for the reentry of students who have been displaced from the mainstream.

The resource room system is undoubtedly supported by the existence of alternate placements for young people whose rehabilitation requires conditions not attainable in the regular schools. One placement alternative is transfer to a different special education service. The existence of a variety of placement alternatives prevents the imposition on the resource system of responsibilities for which it does not have the capability. However, as experience with the resource system accumulates, evidence also accumulates that a

well run resource system probably can handle a much wider range of problems than most people would predict.

SLBP services extend across the full school age range. They include, among other services, special programs for the reentry of delinquents into the school system, programs for unwed mothers, group counseling or interaction sessions, and individualized work study programs at the high school level.

*Roseville Area Schools*

The Roseville schools serve a suburban area adjacent to and north of the city of St. Paul. It has been a rapidly growing district of families from a wide range of economic backgrounds and it is relatively homogeneous, ethnically. Population expansion has slowed in the area as its land area has been filled. The district now serves about 13,000 students.

Roseville offers high quality services for every type of handicapped child for whom local school districts have the obligation to serve under Minnesota's education laws. The district is committed to giving children the best growth and learning opportunities it can provide by following the normalization principle in the design of its services.

The school district provides many of the same kinds of service as those described in the section on the Minneapolis school district, which is a reflection of the philosophy of the state's helping services, including the state's plan for special education service development and regulations governing special education programs. Therefore, the total program for SLBP children is not described here; only two special programs are outlined to illustrate the unique services the Roseville district has developed.

One of the unusual offerings for SLBP students is the Management Assistant Program. It is designed to insure the presence of certain essential conditions for every elementary school age seriously disturbed child. These conditions are (a) a caring relationship; (b) order, structure, and consistency (to serve as a counterforce to confusion); (c) follow-through for the consistent maintenance of the program over time; (d) individualization of program to meet the needs of the student; (e) opportunity to "belong" with "normal" others (to allow for modeling behavior); (f) the fostering of self-esteem; (g) continuation of regular teacher responsibility; (h) enhancement of home-school problem solving opportunities; and (i) reduction of district costs for services outside school buildings.

The Management Assistants (MAs) are nonprofessionals who stay with designated children throughout the day — in the class-

room, lunchroom, halls, and on the playground, wherever the child goes — to help the children and their regular teachers maintain child behavior which will allow continuing membership in the mainstream, lead to improvement in the children's feelings about themselves and others, and promote improvement in their coping skills. Both the MAs and regular teachers are provided with continuous consultation and inservice education support. State special education aids for the salaries of the Management Assistants were granted initially on an experimental basis.

The children served in the mainstream with this kind of support are, for the most part, very seriously disturbed. Several had been in residential treatment facilities for some time previously. The fact that they could be maintained beneficially and without undue disruption to others in the regular settings seems a significant advance for such disturbed children. Because the program was a pilot project which was undergoing evaluation, the results were not available at the time of observation. Observers of the program during the 7 months of its operations expressed gratification with it, however.

A second interesting program — the Focus Program — was designed originally for delinquency-prone students in grades 10-12. It was funded originally as a pilot project under the Delinquency Control Act; other funding is being sought so the program can become a stable offering in the school system for any SLBP student who needs the service. This program and its results are described in detail in an article published since the program was visited. (See St. Germain, Carter, & Meland, 1975.)

The program is stationed in a regular high school building but functions largely as a separate unit. Some of the students attend some regular classes, which is encouraged, but most prefer the program's flexible, individualized approach to meeting credit requirements for graduation. The program is of a work study type.

The students I interviewed indicated that they probably would abandon the effort to complete work for their diplomas if they had to earn them in the standard way. They criticized the standard high school program as too impersonal, noncaring, boring, inflexible, and regimented; other comments suggested difficulties in conforming to the usual scheduling practices and attending to the typical subject matter presentations.

The students served are described variously as "turned off," "disaffected," or "neurotic." In the beginning, nearly all students enrolled in the program had committed some acts which could be defined as delinquent. At present, youth other than court defined

delinquents are served, and they are referred by teachers, counselors, and administrators.

Data collected during the first years of the project's operations indicated a decline in both delinquency and dropout rates in the district for the age range involved; the project is credited by the corrections system with contributing significantly to that decline.

Teacher-counselors establish strong "family" relationships with and among the students assigned to them. They help their charges to advocate for their own rights and preferences in situations that may seem so overwhelming to them that ordinarily they would be inclined to "cop out." A student's teacher-counselor will go to court with the student if requested; the request does not seem to represent undesirable, dependent malingering. All teacher-counselors are trained in group process techniques. Every morning, each family group holds a free discussion session which is skillfully led by its teacher-counselor. In this session, students bring up problems they are facing. Individual consultation with the teacher-counselor is available at any time.

Parents must give permission for a student to be evaluated for admission to the Focus Program; they also are involved in the program, as in decisions on the student's programing. However, many of the Focus students have rebelled against their parents and have been making independent decisions — often bad ones — for some time. Counselors try to help students see their parents as people who also have problems in living, and they made a strong effort to help students take responsibility for making their own decisions on the basis of better data than they have used in the past.

As secondary services for SLBP students have evolved over time in this district, the Focus program has become mainly a resource for what the staff described as "neurotic" students and "slow learners"; the latter may be students with serious learning disabilities. A program dubbed the Contact Program serves "brighter" but more alienated or turned-off students. Another program — the Recovery Program — operates after school hours to serve students who have dropped out of school but now are willing to try to get back into the regular orbit.

The backbone of the Roseville SLBP programs remains the resource room. Teachers focus on the improvement of basic school skills and self-esteem. Some SLBP resource teachers attempt to remediate perceptual-motor processes, but their primary investment of effort is in the direct instruction of basic academic and social skills.

The physical separation of the Focus Program is in contrast to the basic maximum integration philosopy of the special education program in the district. It seems to be another illustration of the finding of many school systems that true, effective integration of exceptional students is often more difficult to achieve at the secondary than at the elementary level. The main reasons for the difficulty relate to the organization and orientation of the secondary curriculum: scheduling practices, which present a student with a different teacher every hour; inflexible standards for performance in academic subjects courses, which are set by teachers oriented to their subject discipline; and emphasis on subject matter rather than student needs in secondary teacher education programs. These conditions make the SLBP student unable to meet the teachers' expectancies and thus may reinforce already existing feelings that he/she is a failure, inept, and not much good.

These limitations to the mainstreaming of older students, it is hoped, will give way under the impact of more public affirmation of the principle that each child has the right to an education appropriate to his best self-fulfillment.

## New York State

*Bear Road Elementary School (North Syracuse)*

Bear Road School is one of 9 elementary schools in the North Syracuse school district that serves approximately 13,000 pupils. As its name suggests, the district lies just north of the city of Syracuse.

The program in this elementary school was called to my attention by Dr. Peter Knobloch, director of the Syracuse University training program for teachers of emotionally disturbed children. There is in this elementay school about as high a degree of mainstream programing for handicapped children as I observed in any system. The school functions on the zero reject principle. It conceives of its entire program as special education because every child has special needs.

A surprising and significant aspect is that the program was not supported by any state special education aids. The reason is that the school district could receive only a 15% increase in state aid. Therefore, the new formula adopted by the state legislature in the past year would not affect the district. Consequently, the district is obligated to provide proper services for its handicapped residents, and how it does so is governed by new state education department regulations (Education Law 241). This situation does not alleviate the fact that the needs of handicapped children must compete with the priorities applied to overall school budgeting since no special

funds are earmarked for service to handicapped children. Thus, those who view themselves as advocates for the needs and rights of handicapped children are compelled to work vigorously to convince district taxpayers, the school board, and the school administration of the value of proposed special education services and of their obligation to give them priority in funding.

The principal of Bear Road School is qualified and experienced as both a special and regular educator, and he has served as a teacher and director of special education. His strong undergraduate training in child development and work experience have impressed on him the importance of environmental influences on children's behavior, particularly the modeling behavior of peers. Thus, personal image building is an instructional goal for all pupils in the school. The staff is strongly committed to the idea of a place within the human mainstream for everyone to the maximum extent that his difference allows.

To extend the limits of what is feasible and effective in the regular class setting, some of the Bear Road School's 45 member teaching staff are experienced in special education as well as regular education. Their special education backgrounds are various and the school's educational services are organized so that teachers can draw upon each other's expertise. The skills of a teacher are taken into account in deciding which regular classroom will be a handicapped child's primary setting. For example, the class taught by a regular teacher who was also a qualified teacher of hearing impaired children included three children with severe hearing losses. The instructional needs of a child frequently took precedence over age and grade considerations in such decisions; as a correction for this condition, multiage programs were initiated.

A resource team consisting of two special education teachers and one teaching assistant is responsible for the educational diagnosis of learning handicapped children, relating the information to the classroom teachers, and suggesting the best mode of instruction, considering both the strengths and weaknesses of the students. The team also provides educational prescriptions so that a student can remain in a regular classroom situation most of the day. Special instruction, however, is also provided for the child needing extra help outside the classroom, but not exceeding 1½ hours per day per child. In addition, the team works closely with the staff as in-house consultants.

A reading retrieval center provides teachers with instructional materials and assistance in exploiting the possibilities of the materials in individualizing instruction within the classrooms. The reading

specialist who supervises the center also provides some special instruction for children and formative evaluations for teachers.

Teachers have the help of classroom assistants, teacher interns, aides, and volunteers in individualizing the services they provide within the regular classroom, and they use peer tutoring.

The North Syracuse district provides special education services in all of its schools. The program administered through a director of special education includes psychological and social work services, and itinerant and resource teachers. Building based services are primarily integrated and geared to pupil maintenance in the mainstream. The only self-contained special classes provided by the district are housed at Bear Road School. They have a multiage, three-room team approach. These classes comprise quite seriously retarded pupils and pupils who are too multiply handicapped to be accommodated in their home schools. Some of these children spend part of their day in regular classes but most are too limited in physical and mental abilities to cope with even the tolerant regular class conditions obtaining in the system.

Special education resource teachers who carry out educational diagnoses, work out ways of serving individual children with regular teachers, and provide some direct instruction are key agents in the home-school accommodation of children with special needs. Placement of a student in any setting other than his home school must be authorized by a district-wide, interdisciplinary committee that includes a principal as a representative of the system-wide administration.

Bear Road School's ambitions for handicapped children are severely frustrated by the lack of adequate financial resources. Nevertheless, it is obvious that children attending the school benefit from the expertise of the staff and from their commitment to the idea that every child has a right to develop as fully as possible.

The principal regards the regular teacher as the key person who makes real for the students the system's aspirations for them. He sees himself as an enabler and not as an authority figure dictating what shall be done and how. For example, walls have been removed in some areas to permit an open education structure, with teachers who are trained to produce results. He assumes that parents, child, and teacher must work out together the goals that should be set for the child, that there may be many ways to accomplish specific goals, and that teachers should be free to generate and test strategies.

From my observations, I would say that the purported conditions actually exist. Children and parents participate in defining their problems and choosing the form of the problem amelioration. Con-

trasting instructional systems are employed within a limited range of options. Educational alternatives are present in the building; for example, the fourth year setting is two traditional and two multiage programs for approximately 150 students. Teachers appear to have a strong voice in determining school practices within policy limits, and the principal runs interference to make their plans possible. A belief carried over into practice is, "Listen to the children; they have something to tell you."

A "deal" made with all children illustrates the school's respect for its students' personal feelings. As part of the discussion about what makes us all behave as we do and how we can handle feelings constructively, all pupils in the school are informed that no pupil has a right to "blow his cool" until he has exhausted all of the alternative action possibilities open to him. They are as follows:

1. Talk to the person in charge. Present your case forthrightly. If that doesn't work go on to the second possibility.
2. Talk to the principal. If that doesn't work, the principal will join the child in activating step 3.
3. Have the child's parents in. If that doesn't work·
4. The child has the right to blow his cool.

The school staff really listen to what the child has to say, not only with the usual two ears but with a highly sensitive "third ear" as well.

If a crisis arises in the classroom the child is not bounced to a special crisis teacher. Someone in the building immediately goes in to take the class so the regular or basic teacher can work through the crisis with the child without delay.

There was no way to determine to what degree the flexibility of functioning was achieved with greater ease because no restriction-imposing, state special education aids were employed, or whether conditions might have been much the same if special education aids were used to help support the program. There is little doubt that the school's practices are heavily influenced by the dedication of the school staff to the normalization principle and by their sincere belief in the right of all people to the maximum attainable self-realization.

In response to the question of what factors most seriously deter the staff from the full realization of what they would like to achieve, the following impediments were cited:

1. The priorities the public imposes on schools (e.g., too often nonmandated areas receive relatively better support than the basic needs and rights of all children.
2. The inadequacies of professional preparation programs for teachers.

3. The support professions' and agencies' lack of understanding of what schools are capable of doing and trying to do to promote good mental health in children.
4. Teachers have tried to negotiate the establishment of additional teaching conditions which are most likely to be conducive to a good learning climate for children. However, the district had not yet allocated enabling resources.

The use of a system approach to establish what the school should try to accomplish and how it can achieve its goals most effectively was viewed as essential to improvement under today's badly compartmentalized, fractionated, and spotty efforts to help children with special needs.

## New York

*Board of Cooperative Educational Services (BOCES) #2*

One learns quickly that in providing services for handicapped students, all New York's BOCES (Boards of Cooperative Educational Services) do not march to precisely the same drummer. The philosophy of the Second Supervisory District (BOCES #2), therefore, is not typical of all N.Y. BOCES.

BOCES #2 includes districts in Monroe and Orleans counties of New York state. It operates on the assumption that a separate special education system is needed only when the basic educational administration of BOCES #2 assumes that its primary goal is to work itself out of business by helping the regular system to learn to individualize instruction for all students.

The administration considers it unlikely that the envisioned Utopia will be reached within the lifetime of any of its present staff since all systems, including its own, display self-defeating expansionistic tendencies; nevertheless the program operates as if attainment were possible.

All BOCES units are in the process of adjusting to anticipated changes in the allocation of state aids. In the future, funds that formerly flowed through the state's BOCES units to support local services will be given directly to local education agencies instead.

BOCES #2 serves nine school districts. The populations are mainly middle class with some lower-verging-on-middle class families, and migrant workers. State regulations governing BOCES operations specify that component school districts may contract with a BOCES only for services which can be provided more economically and efficiently through district cooperation. BOCES services are not supposed to duplicate local services. All TMR (trainable mentally retarded) and multihandicapped students in the cooperating dis-

tricts, for example, are served in one building with 60 self-contained classes.

The Adjunct Center, a building based approach to providing special education resources to regular classroom teachers for mainstreamed children with exceptional needs, is considered by the BOCES #2 special education administration to offer the best strategy for the future. The approach facilitates the effective interface of the BOCES with the local regular education systems and prevents the expansion of those activities to the BOCES administration which are best maintained as local district services.

In addition to the Adjunct Centers, BOCES #2 supports the regular systems' accommodation of children with special needs through the following activities:

1. It operates a strong instructional materials resource system, including the development and packaging of materials for the individualized instruction of handicapped children in regular settings.
2. It helps districts to design and evaluate system approaches to special service delivery.
3. It refines diagnostic, educational prescription, and individual progress evaluation techniques.
4. It provides other services that logically effectuate the total educational enterprise and better mainstream accommodation of handicapped children.

In keeping with its basic philosophy, BOCES #2 provides a strong program of services to support the education of as many children with special needs as possible in normal circumstances. According to the staff, they are likely to be required by the state to mainstream LD children.

The Adjunct Center approach is seen as a logical implementation of BOCES philosophy. The Center must operate within certain state imposed restrictions: (a) BOCES services must not duplicate local services, and the services provided by BOCES must be more economical and/or effective than if they were provided unilaterally. Each district, therefore, is constrained by the districts' consensus; (b) children served through state funded special education programs must meet eligibility standards specified by the state education agency. Nevertheless, BOCES funding is not categorical.

Adjunct Centers are operated at the local building level. At the same time of my visit, 27 such units existed. Each unit consists of an Adjunct teacher who coordinates the Center's building services and an aide; they are supported by a helping teacher and program coordinator working out of the BOCES #2 headquarters. The program

coordinator integrates the building Adjunct Center with the total special education support structure.

Four principles guide the Adjunct Center service design:

1. All diagnostic effort should be governed by the relevance of data to the achievement of appropriate learning objectives for the individual student.
2. The educational placement of children should entail as little displacement from the normal stream of education as is compatible with the child's handicap.
3. Instructional effort should be tailored to individual child learning needs and learning styles.
4. Adjunct Center conduct must adjust reasonably to the conditions prevailing in the school served since some schools operate with an open structure, some with the traditional age grade organization, and theoretical preferences vary with the school. BOCES #2 does not dictate the theoretical basis of instruction; it helps to evaluate the relative outcomes of alternative approaches.

The functions of the Adjunct teacher are defined as diagnosis, instruction, consultation, and coordination. The paraprofessional aide helps the Adjunct teacher fill education prescriptions and keep records.

Considerable emphasis on the improvement of reading skills was seen in all of the Adjunct Center programs observed. With BOCES #2 blessing and support, Adjunct teachers were doing much high quality work in the development of reading instruction methods and materials for use with LD children.

A systematic evaluation of the Adjunctive Services system was completed for the 1972-73 year but not for the 1973-74 year at the time of my visit (spring 1974). The 1972-73 evaluation results are presented in a two-volume report that gives detailed information on the rationale used by each school in developing its Adjunct Center, the operations of the centers in each school in which they were established, the tests used to identify problems and learning needs, instructional practices (pupil scheduling, teaching methods, etc.), the means of evaluating outcomes according to both school-imposed criteria and the means of evaluating Adjunct Centers according to BOCES criteria.

*Rochester Public Schools*

Time did not allow a visit to any of the direct service sites in the Rochester district or more than a short interview with the program administrative staff. Nevertheless, the program experiences de-

scribed in this interview are summarized here because they confirm the findings in other school districts.

The Rochester Public Schools administration was undergoing a reorganization to makes its practices more conducive to the individualized programing of students. Most educators consider such individualization essential to the newly affirmed rights of all children to equal educational opportunity, appropriate education, and due process in determining the best education for each child.

The realignment of responsibility had not been worked through entirely at the time of interview, so they are not reported here. However, it was evident that a significant modification of professional roles was envisioned and that the effort was underway to strengthen the coordination of pupil personnel and special education services. The pangs of changing longstanding functions were typical of those observed in most sizable school systems which have been moving away from separate, categorical special education programs. The difficulties reaffirm the suspicion that districts providing meager programs find it easier to adopt new concepts of service delivery than those that tried hard to meet the needs of handicapped children according to an extensive and well entrenched categorical system. It is simply easier to build a new freeway if first you do not have to get permission to move all the graves in the cemetery that lie on the projected route.

The Rochester Public Schools for many years have offered special education programs for each of the conventional categories of handicapped children. However, the term "perceptual problems" included the kinds of problems that now are covered by the term learning disabled in the organizational chart (Fig. 4). Categorical programs for the emotionally disturbed and socially maladjusted have also been offered but they do not appear as separate programs on the newer administrative flow chart. In the description of service options, however, the categorical description of services is retained.

No one denies that one child may exhibit a learning disability, emotional disturbance, and social maladjustment. Most educators recognize that the difficulties of managing such a child may be exacerbated by the categorical organization of service delivery. This recognition is one impetus for the current effort to design more goal-facilitative systems.

Inherent in all discussions of what constitutes the best system design for special education, in Rochester as elsewhere, is the question of whether the system of providing special education should be separate but equal to, or a support system for, the basic educational system that is reponsible for delivering to each child whatever edu-

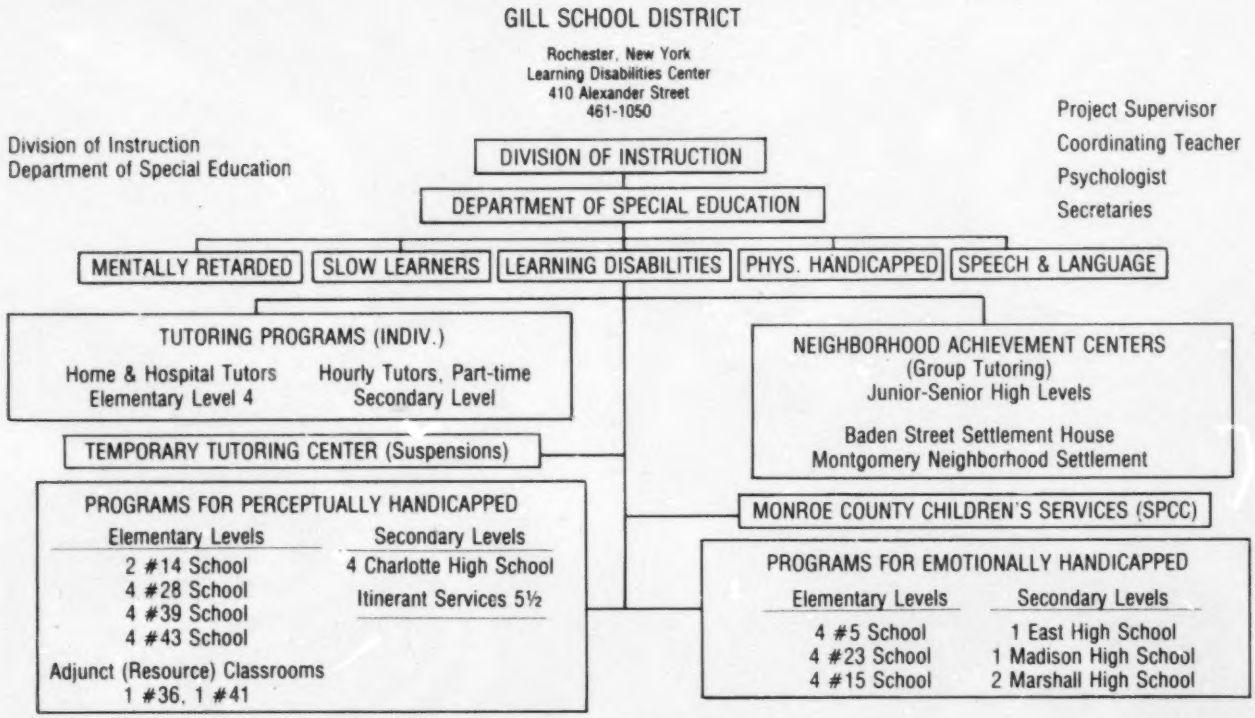


**Figure 4.** Department of Special Education, Rochester, New York.

cation has been determined by due process to be appropriate for him. Although some special educators, myself included, support the latter position as a basic assumption in the design of systems and the allocation of responsibilities, it was clear in Rochester, as in many other school districts, that this view is not universally held.

Rochester provided some progressive models for special education service in years past. Its occupational training sequence for retarded students was an example of good practice for many school districts, and the Rochester Occupational Series for retarded students is widely used. The Rochester philosophy and principles operationalized in such progams have been adapted for use with students with other learning and behavior problems. A basic assumption in Rochester is that such students should be maintained in regular classrooms with appropriate helps, if at all possible.

A subcommittee on handicapped children was developed (in response to a New York State Commissioner of Education's regulation) "to review referrals from appropriate school authorities and certified medical and social agencies for school exemption, individual or group tutoring, or other special education services including review of requests for 4407 assistance which are available to city school district children" (4407 assistance is New York's provision for paying the tuition of handicapped students to attend private schools under approved conditions). The committee also is required to "make recommendations for movement of students into programs made available by the district and return of students following school exemption or some special placement."

The Rochester district must struggle with declining enroilments, inadequate school financing, big city problems, and all the other currently common problems as it seeks to realign its address to serving handicapped children. What is evident now is their hopes. How many get realized time will tell.

## Washington

*Tacoma Public Schools*

The state of Washington has an "education for all" bill that essentially says every child has a right to an appropriate education. The Tacoma school district has long tried to realize this right for all of its school aged residents.

The Tacoma Public School's program of special education has been developing according to a policy termed "progressive inclusion." The district has received national recognition for the completeness of the programs it provides for students with special

needs. The total educational program assumes that all children have special needs and organizes support services in keeping with that commitment. Since much of the detail on program practices is given in Birch (1974) it is not repeated here.

All special education programs, including those that serve LD, ED, and SM children, are conceived of as developmental.

The developmental program strives to meet each child at his functioning level and take him as far as his talents and capabilities permit. The goal for each child is to help him become as responsible, contented, and self-supporting as possible (Tacoma Public Schools, *Every Child*, p. 5).

A child with highly special needs is treated as simply another case in point, not as a representative of *a priori* categorical class needs or a candidate for a limited range of categorically based curriculum options.

Each child's program fosters his total development. Programs during the elementary years emphasize language development and self-help skills which are broadly conceived. Secondary schools continue this thrust and add emphasis on the attainment of independence in community living, including employment. Each child is given the opportunity for expression of his uniqueness through arts, crafts, sports, games, social, and other activities which can enrich his leisure hours.

It is far from unusual for school systems to express such goals for their efforts. What is striking in this program (and others observed for this book) is the degree to which the staff adhere to their expressed commitment in program implementation. By participating in case conference inservice sessions for the staff of various disciplines, observing services in process, and holding discussions with program leaders, I saw indications of a high degree of consistency between words and action as well as the always-to-be-expected frustrations associated with the inevitable funding and administrative constraints imposed on the situation.

Case managment flow is indicated in Figure 5. The basic policy of progressive inclusion dictates that each child be educated under as near normal circumstances as possible, that educational opportunity be open to all children, and that parents become partners in the education of their children.

The array of service options for a child with learning or behavior problems includes a Diagnostic Learning Center at Larchmont School. During placement at the Center, the child undergoes intensive diagnosis by an interdisciplinary team composed of teachers, teaching assistants, speech and language therapists, psychologists,

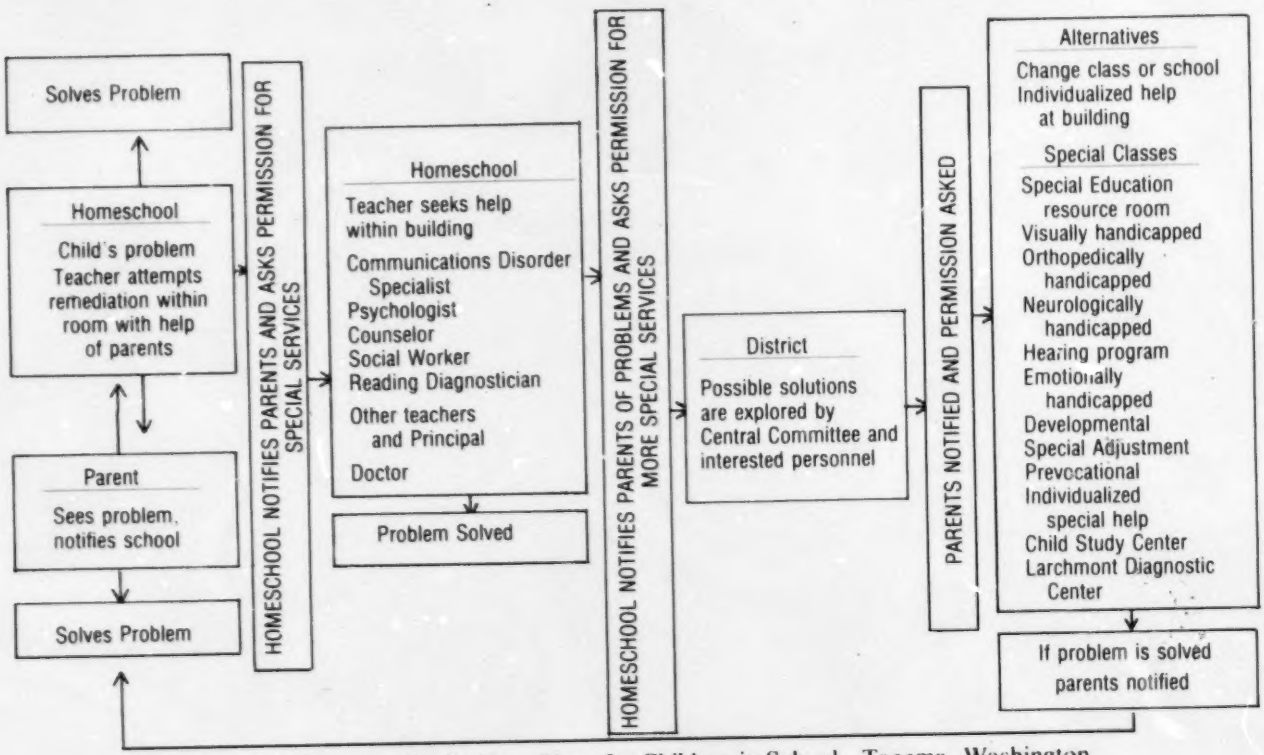


**Figure 5.** Special Education Pupil Flow Chart for Children in School, Tacoma, Washington.

social workers, and medical consultants, if needed. A program based on the diagnosis is tailored to the needs of each child. Preferably, the child returns to his home school regular class with a learning plan which can be executed there; this and other placement options comprise a comprehensive continuum of helping services

Resource rooms are provided for LD children. The maximum time a child may spend in one is 2 hours; the minimum, 30 minutes. Children who are diagnosed as having severe perceptual-motor problems may be served, if need be through the program for the orthopedically handicapped. Four self-contained classes for emotionally disturbed children are maintained but a strenuous effort is made to keep these children in regular classes or return them there as soon as possible with the support of school social workers, resource teachers, and other professionals.

Very seriously disturbed children may be placed in a residential treatment center. A junior high school program for delinquents on parole who need special help is built on a resource room model. A school program is operated at the county juvenile detention center. A program at Faith Home includes services for unwed mothers. The education programs conducted by the school district in these facilities allow the free movement of students among the educational system.

Most children who experience learning and/or behavior problems are assessed and programed at their home schools rather than the Larchmont School Center. The patterns of individual child programing at the home schools vary over the support range: from consultative service to the child's regular teacher and parents, supplementary instruction from a special resource teacher, inclusion in group sessions conducted by a school social worker, to parttime work programing with treatment provided by other community agencies. Services span the entire school age range and accommodate considerately to a wide array of ethnic backgrounds and home economic conditions.

The staff often feel frustrated by the financial and policy constraints that limit the accomplishments of the district's programs; yet the overriding impression is one of optimism arising from the solid gains achieved over the years that progressive inclusion has prevailed. Few of the professionals succumb to cynicism about the capacity of public education to improve itself. Rather, the sturdy belief is expressed that public education has been of more service to children with special growth and learning needs than many of public education's severest critics are able to see or are willing to acknowledge. This optimism and commitment to improvement is evident in

the vigorous way this program and this state moves forward on many fronts.

The Spokane, Seattle, and Tacoma districts operate a special project for the identification and treatment of learning disabilities. This project was funded under Title VI during the first year of its operation but now the salaries of all staff are met by state funds. Project staff currently offer assistance to other districts in the state through the Spokane, Seattle, and Tacoma unit and four other intermediate school districts in the state. Local school districts provide the direct service to children. This project is finding a hard core of learning disabled children at the rate of about 3% around the state, irrespective of the socioeconomic conditions of the area surveyed.

A striking aspect of the Tacoma program is the inservice educational opportunities offered by the special education department for regular teachers. The program has no outside funding. Microcourses are taught by volunteers, and many department members invest heavy amounts of time in this instruction. During the 1972-73 school year, 36 different minicourses, including behavior analysis, charting behavior, advanced precision teaching, interpretive behavior management techniques, and remedial or developmental instruction in basic skills, and others were offered.

The progressive inclusion policy has been implemented slowly and carefully; advances have been achieved by example and logical persuasion. Its goals have not been fully realized yet. Problems of authority and responsibility remain, but then, they probably always will. The staff members do not see the persistence of such problems as an invalidation of the concept or a reason for their efforts to flag.

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